

WILLIAM CEKOVSKY-PRES.  
MICHAEL DEFEO-V.P.  
STEVE O'KEEFE-DIR.  
GLORIA HAMON-SECY.  
WILLIAM HAMON-DIR

KIM SPREDA-V.P..  
LARRY WILCOX-V.P.  
MARK BAROFKY-DIR.  
LEONARD MATTAS-TREAS  
MICHELLE OTERO-DIR

Southington Youth Basketball Association  
P.O. Box 28  
Southington, CT 06489  
(860) 621-8082

**You are cordially invited to enter a team in the 14th annual Southington LITTLE APPLE-PRE-SEASON Y.I.T (Youth Invitational Tournament) Basketball Tournament.**

**The field will consist of up to 10 teams in 5<sup>th</sup> grade division and up to 10 each for the 6th grade boys 7th grade boys and 8<sup>th</sup> grade boys. The format will be 4-5 team draws in each bracket, with each team playing a minimum of four (4) games. Bracket winners play for championship.**

**The brackets will be:**

**Grade 5th BOYS—grade 6 BOYS    Grade 7 Boys--  
Grade 8 BOYS--**

**Dates: NOVEMBER 23, 24 and 25**

**TOURNAMENT FINALS WILL BE PLAYED ON the afternoon of SUNDAY NOVEMBER 25**

**Game sites will be: Kennedy Middle School, Depaolo Middle School AND Derynoski Elementary School. Pairings will follow when all teams have returned application, fee and roster to SOUTHINGTON YOUTH BASKETBALL, P.O. BOX 28 SOUTHINGTON, CT 06489**

**Rules: High School Federation Rules will apply. ALL TEAMS MUST REPORT 30 MINUTES BEFORE SCHEDULED GAME TIME OR FORFEIT IS AUTOMATIC!!!!!!!!!!!!!!**

**Player Eligibility:    League eligibility**

**Rosters: 15 players maximum; frozen at start of each team's first game.**

**NOTE!! THIS IS A "TOWN TOURNAMENT" PLAYERS MUST RESIDE IN TOWN OF COMPETING TEAM (NOT AN AAU TOURNAMENT)**

**Entry Fee: \$250 per team. Make checks payable to Southington Youth Basketball Association (S.Y.B.A.)**

**Registration deadline: Form ,Fee and Rosters must be received by  
FRIDAY    NOVEMBER 9, 2012**

**Additional Info: Bill Cekovsky (H) 860 621-8082 (W) 860 298-1971/ wcecekovsky@hotmail.com**

SOUTHINGTON YOUTH BASKETBALL-TOURNAMENT ROSTER  
P.O. BOX 28, SOUTHINGTON, CT 06489  
(PLEASE WRITE LEGIBLY)

TEAM NAME \_\_\_\_\_

GRADE \_\_\_\_\_

COACH \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (CELL) \_\_\_\_\_ EMAIL \_\_\_\_\_

ASST \_\_\_\_\_ PHONE(H) \_\_\_\_\_ (CELL) \_\_\_\_\_

PLAYERNAME	ADDRESS	ZIP
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____
11) _____	_____	_____
12) _____	_____	_____
13) _____	_____	_____
14) _____	_____	_____
15) _____	_____	_____