

HOOP IT UP!

Show Your Game



**Trophies & T-Shirts
for Each Division Winner!
Highest Overall Individual
Score Will Receive a
\$100 Gift Card!**

POINT *Shootout!*

**SATURDAY
MAY 2**

9:00 AM – NOON • UTICA COLLEGE DOME

Join Us! For a sixty-second competition to determine the area's best three-point shooter! Open to the entire community, for all ages & abilities.

Doors Open 8:30 AM • First Come, First Up

Utica College Dome

Todd & Jen Hutton Sports and Recreation Center
1600 Burrstone Road, Utica, NY 13502

*Proceeds benefit Sitrin's *STARS* program.
(Success Through Adaptive Recreation & Sports)

For more information, call
315-737-2459, or visit: www.sitrin.com/sitrinshootout



Individual Divisions/\$5* (Male & Female)

- | | |
|--|---|
| <input type="checkbox"/> Junior Varsity (up to 14) | <input type="checkbox"/> Wheelchair Users |
| <input type="checkbox"/> Varsity (15-18) | <input type="checkbox"/> Celebrities |
| <input type="checkbox"/> NBA (19+) | |

Team Divisions/\$25* (5 Athletes Per Team)

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Schools | <input type="checkbox"/> First Responders |
| <input type="checkbox"/> Businesses | <input type="checkbox"/> Open (friends & family teams) |

SITRIN

The Help. The Hope. The Healing.

Sitrin is a not-for-profit organization

REGISTRATION FORM



Saturday, May 2
9:00 AM – 12:00 Noon

(Doors open at 8:30 AM)

Utica College Dome

Todd & Jen Hutton Sports and Recreation Center
1600 Burrstone Road, Utica, NY 13502

To Register:

Pre-register or register day of the event. We accept cash, check(s), or credit card.

Visit www.sitrin.com/sitrinshootout or mail completed form(s) and check(s) to
Sitrin Health Care Center c/o Marc DePerno 2050 Tilden Avenue, New Hartford, NY 13413.

Make check(s) payable to: Sitrin Health Care Center.

Individual Entry Form | Entry Fee* \$5

Participant Name: _____

Male

Female

Age:

Date of birth:

Division Entering:

Junior Varsity (up to 14 years of age)

Varsity (Aged between 15-18)

NBA (Ages 19 and older)

Wheelchair User

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

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Team Entry Form | Entry Fee* \$25

Only the team captain will register their team.

Entire team (5 people) must arrive before any team member can participate.

Team Division Entering:

School | School Name _____

Business | Business Name _____

First Responder | Representing _____

Open (friends and family members) | Name _____

Team Name: _____

Team Member Names:

1. **Captain:** _____ M F

2. _____ M F

3. _____ M F

4. _____ M F

5. _____ M F

Team Captain Contact Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

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