

W-C Alumni Boys Basketball Tournament

Saturday, January 17, 2026, starting at 8:30 AM

The day will consist of a full competition tournament and a Legends game. We will also have our annual free throw and 3-point contests for both levels in between games and during halftimes of each game. The first game will be at 8:30 AM. Once I know how many players we have, I will send out a final schedule. LATE entries will NOT be guaranteed a t-shirt or a spot in the tournament.

Walk-ins on Jan. 17th (if I find you a spot) will still need to pay the fee and will NOT get a shirt.

Legends game will include anyone graduating before 1990. Anyone who graduated after 1990, and wants to participate in the Legends game may, upon request. My goal is for no injuries. Legends who want to participate in the full competition and Legends game will need to pay the full competition fee only.

****Make checks payable to: W-C Boys Basketball. All proceeds and donations will go to the W-C boys basketball program. **Registration DEADLINE is January 5, 2024. Mail registration forms, with cash or check to: ****

Dylan Degner

N243 Bell Loop Rd.

Wonewoc, WI 53968

Return this portion with payment

Name: _____ Graduation Year: _____

Email: _____ Cell #: _____

_____ Full Competition (\$25- Includes T-shirt)

_____ Legends game only (\$20- Includes T-shirt)

_____ T-shirt Only (\$20)

Please Select Size: S M L XL XXL(add\$3) XXXL(add \$3)

Signature on this form verifies that I have read, understand, and will abide by this information. I realize that there is potential risk involved with my participation. I agree to release and discharge W-C School District, W-C alumni tournament organizers, and/or any volunteers from all action, suits, and demands whatsoever in law or equity. Before participating, I will inspect the facility and notify the sponsors of any potential problems or areas of danger that may be present. I also grant full permission for the organizers to record my participation in this event and use any photograph for publicity without reimbursement.

Signature: _____ Date: _____