ELKS HOOP SHOOT 2026-27 REGISTRATION FORM

Please complete this form and return it to your Lodge Hoop Shoot Director.
IMPORTANT: Contestants may participate in ONLY ONE Lodge contest.

Sponsoring Elks Lodge _____ No. _____

Contestant's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

☐ BOY ☐ GIRL

Using the Age-Group Calculator at enf.elks.org/HSAC, circle the correct age that the contestant will be on **April 1, 2027**.

8 9 10 11 12 13

Previously Participated? ☐ Yes ☐ No
If yes, how many prior years? _____

Allergies? ☐ Yes ☐ No
If yes, describe: _____

List the name(s) of the contestant's parent(s) or guardian(s) who will accompany them to each Hoop Shoot contest or who should be contacted in case of emergency. The provided information will be used by Hoop Shoot Directors to send contest updates, schedules, and important announcements. Incomplete or illegible information may result in missed communications.

Primary
Contact Name _____ Relationship _____ Email _____
Cell Phone _____

Secondary
Contact Name _____ Relationship _____ Email _____
Cell Phone _____

As the parent and/or legal guardian of the above-mentioned contestant, I hereby request and permit their participation in the Elks Hoop Shoot Free Throw Contest. I assert that the information provided above is correct and true to the best of my knowledge. I may be asked to provide verification of the contestant's date of birth. If unable to provide proper verification, I understand the contestant may be disqualified. I understand that participation in the Elks Hoop Shoot is at the risk of the contestant and their family. I hereby release the Benevolent and Protective Order of Elks USA (BPOE) and the Elks National Foundation, Inc., from any and all claims, demands, liabilities, obligations, damages, costs, expenses, and loss of service and actions arising from any act or incident to the contestant's participation or mine in connection therewith. I give consent and authorize the BPOE and the Elks National Foundation, Inc., to use and reproduce the contestant's name and/or likeness to circulate the same for any and all purposes reasonably related to the conduct and promotion of the Elks Hoop Shoot contests.

Primary
Contact Name _____ Signature _____ Date _____

Secondary
Contact Name _____ Signature _____ Date _____

HOOP SHOOT DIRECTORS ONLY

LODGE DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____
Phone _____ Email _____
Signature _____ Date _____

Score ____/25 Tiebreaker Score(s) ___/5___/5___/5

Contestant's age verified using the Hoop Shoot Age-Group Calculator found at enf.elks.org/HSAC: Yes ☐ No ☐

DISTRICT DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____
Phone _____ Email _____
Signature _____ Date _____

Score ____/25 Tiebreaker Score(s) ___/5___/5___/5

STATE DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____
Phone _____ Email _____
Signature _____ Date _____

Score ____/25 Tiebreaker Score(s) ___/5___/5___/5

REGIONAL DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____
Phone _____ Email _____
Signature _____ Date _____

Score ____/25 Tiebreaker Score(s) ___/5___/5___/5

The Elks have been unleashing gritty kids through the Hoop Shoot program for more than 50 years. In 2026-27, the Elks National Foundation allocated more than $1.5 million to fund the program. For videos, news from the court, and more information about the Hoop Shoot, visit elks.org/hoopshoot.