ANNE ARUNDEL COUNTY

DEPARTMENT OF RECREATION AND PARKS

Organized Recreation & Athletics Division

TEAM REGISTRATION FORM ****ONE TEAM PER FORM****

Season: **WINTER** Program Year: **2009/2010**

Sport: **BOYS - BASKETBALL** Program Number: 4440 - Girls 17U

4040 - Boys 17U

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____ Phone: _____

Commissioner/Contact Person: _____

TEAM INFORMATION

Team Name: _____

AGE GROUP	Indicate Level of play (Select one)
17U	A B C

COACH INFORMATION (This information MUST be completed legibility or registration will NOT be accepted)

Head Coach: _____

Full First Name Middle Initial Last Name

Certification Number: _____ **Date of Background:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail address: _____

Assistant Coach: _____ **Date of Background:** _____

Home Phone: _____ Cell Phone: _____

TEAM NOTES: ***Please list ALL conflicts that may affect team play***

Fee: 17U - $490 **OFFICE USE ONLY**

FEE PAID: _____ CHECK #: _____ RECEIPT NO. _____