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: **GIRLS - BASKETBALL** Program Number: 4400 4410 4420 4430 4440

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____ Phone: _____

Commissioner/Contact Person: _____

TEAM INFORMATION

Team Name: _____

AGE GROUP	Level of Play: *Circle one*	AGE GROUP *Select one*	Indicate Level of play *Select one*
8 Year Olds 4400	A B	10U 4410 12U 4420 14U 4430 17U 4440	A B C D

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: 8 yr - $440 , 10U, 12U, 14U, and 17U - $490 **OFFICE USE ONLY**

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