ANNE ARUNDEL COUNTY
DEPARTMENT OF RECREATION AND PARKS

Organized Recreation & Athletics Division

TEAM REGISTRATION FORM

Season: **SPRING** **FY: 11** Program Year: **2011**

Sport: **YOUTH SPRING BASKETBALL** Program Number _____

Program Numbers & Fees: Please indicate one:

Divison:	8-10			10-12			12-14			8-10			10-12			12-14		
Circle One:	Girls			Girls			Girls			Boys			Boys			Boys		
Boys / Girls	In County		Out of County	In County		Out of County	In County		Out of County	In County		Out of County	In County		Out of County	In County		Out of County
and indicate	5300		5301	5302		5303	5304		5305	5320		5321	5322		5323	5324		5325
Level of play	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C	A	B	C

ATHLETIC/SPONSOR ORGANIZATION

Organization Name: _____ *Contact:* _____

Daytime Phone: _____ *Cell Phone:* _____ *e-mail:* _____

TEAM INFORMATION

Team Name: _____

Head Coach: _____ *Contact Phone:* _____

Street Address: _____ *City:* _____ *ST* _____ *Zip* _____

Daytime Phone: _____ *E-Mail Address:* _____

Alternate Contact: _____ *Contact Phone:* _____

TEAM NOTES:

OFFICE USE ONLY

Payment Information:

FEE PAID:_____ **Receipt:** _____

CK # /CC Conf #: _____ **Date:** _____