**ANNE ARUNDEL COUNTY**
**DEPARTMENT OF RECREATION AND PARKS**

*Organized Recreation & Athletics Division*

# TEAM REGISTRATION FORM

Season: **SPRING** **FY: 09** Program Year: **2009**

Sport: **YOUTH BASKETBALL**

Program Number: 5300 5310 5320 5330 5340 5350

## ATHLETIC/SPONSOR ORGANIZATION

Organization: _____

Commissioner Name: _____ Phone: _____

## TEAM INFORMATION

Team Name: _____ Jersey Color: _____

| Divison: circle one | 10U GIRLS 5300 | 12U GIRLS 5310 | 14U GIRLS 5320 | 10U BOYS 5330 | 12U BOYS 5340 | 14U BOYS 5350 |
|---|---|---|---|---|---|---|
| Level of Play: | A B C | A B C | A B C | A B C | A B C | A B C |

**COACH INFORMATION** (This information MUST be complete or registration will NOT be accepted)

**Coach Name:** _____
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 :** _____ **Background Check Date:** _____

Home Phone: _____ Work Phone: _____

**TEAM NOTES:**

**$250.00 ALL TEAMS** **OFFICE USE ONLY**

FEE PAID: _____ DATE PD: _____

CHECK #: _____ RECEIPT # _____