

ANNE ARUNDEL COUNTY
DEPARTMENT OF RECREATION AND PARKS
Organized Recreation & Athletics Division
*****SUMMER BASKETBALL ONLY*****

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

Season: Summer Program Year: 2009 FY '10
Sport: Summer Basketball Program Number: 4200 4210 4220 4230

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____ Phone: _____
Commissioner/Contact Person: _____
E-Mail Address: _____
Mailing Address: _____

TEAM INFORMATION

Team Name: _____

<i>Please circle one</i>			
Boys Varsity	Boys Junior Varsity	Girls Varsity	Girls Junior Varsity

COACH INFORMATION (This information MUST be completed legibility 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: _____

TEAM NOTES: *Please provide info on when your team can not play. (Not Guaranteed)*

Fees: \$400.00/team

OFFICE USE ONLY

FEE PAID: _____ CHECK #: _____ RECEIPT # _____