



TEAM REGISTRATION FORM

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

Sport: Men's Basketball

_____ **Year**

League Registration *(please indicate the league/season of play)*

LEAGUE		Fall /		FEE	Game times/location
		Spring	Winter		
<input type="checkbox"/> Sunday	Unlimited	<input type="checkbox"/>	<input type="checkbox"/>	\$320.00	Games played 8am - 1pm
<input type="checkbox"/> Wednesday	Unlimited	<input type="checkbox"/>	<input type="checkbox"/>	\$320.00	Lindale MS & Marley MS - 6-9pm
<input type="checkbox"/> Thursday	Unlimited	<input type="checkbox"/>	<input type="checkbox"/>	\$320.00	Marley MS & Point Pleasant ES 6-9pm
<input type="checkbox"/> Tuesday	35 & Over	<input type="checkbox"/>	<input type="checkbox"/>	\$320.00	Marley MS & Point Pleasant ES 6-9pm
<input type="checkbox"/> Sunday	50 & Over	<input type="checkbox"/>	<input type="checkbox"/>	\$320.00	Annapolis HS 5-9pm
<input type="checkbox"/> Sunday	50 & Over	<input type="checkbox"/>	<input type="checkbox"/>	\$320.00	Chesapeake HS 5-9pm

A Late fee will be added to all registrations received after the registration end date published on the website.

TEAM INFORMATION

Team Name: _____

Responsible Party: _____ Cell Phone: _____

E-Mail: _____ Phone: _____

COACH / PLAYER INFORMATION

Head Coach /

Player Name: _____
Full First Name Middle Initial Last Name

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Home Phone: _____

Work Phone: _____ E-Mail Address: _____

Alternate Contact

Name: _____
Full First Name Middle Initial Last Name

Cell Phone: _____ E-Mail Address: _____

TEAM NOTES:

OFFICE USE ONLY

FEE PAID: _____ RECEIPT # _____