

ANNE ARUNDEL COUNTY
DEPARTMENT OF RECREATION AND PARKS
Organized Recreation & Athletics Division

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

Season: WINTER

Program Year: 2018/2019

Sport: Youth Boy/Girls Basketball

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____

Phone: _____

Commissioner/Contact Person: _____

E-mail: _____

TEAM INFORMATION

*For registration to be complete please be sure to indicate **AGE** Group, **Boys** or **Girls** team, and **Level** of Play. Incomplete information may result in team being improperly placed.*

Team Name: _____

Age Group	Boy	Girl	A	B	C	TEAM NOTES: <i>Please list ALL conflicts that may affect team play. There is NO guarantee that a conflict can be avoided.</i>
<i>Please select one</i>	<i>Indicate Boy/Girl Team ONLY ONE</i>		<i>Indicate level of play ONLY ONE</i>			
8U						
9U						
10U						
11U						
12U						
13U						
14-15						
17U						

COACH INFORMATION

(This information MUST be completed legibility or registration will NOT be accepted)

Head Coach: _____

Full First Name

Middle Initial

Last Name

Date of Background: _____

Street Address: _____

City: _____

State: MD

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail address: _____

Assistant Coach: _____

Date of Background: _____

Home Phone: _____

Cell Phone: _____

OFFICE USE ONLY

FEE PAID: _____

CHECK #: _____

Receipt # _____