

2015 ADULT BASKETBALL  
REGISTRATION FORM



Please take a moment to fill out this form completely. This information is important if you want to be kept informed of any last minute game changes and or additional information that you need to pass on to your team. Please list an assistant manager so that if we can not reach you we have some way of getting information to your teammates.

Team Name/Sponsor \_\_\_\_\_ Men's \_\_\_\_\_ Women's \_\_\_\_\_

Manager/Coach \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Night Phone \_\_\_\_\_

Email address \_\_\_\_\_

Asst. Manager \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Night Phone \_\_\_\_\_

Email address \_\_\_\_\_

*The following information is necessary for us to be able to place your team in an appropriate league. If the league your team played in last year was too competitive or not competitive enough, we need to know. So please take a moment and be complete with these questions.*

Did you participate in Adult Basketball last year? \_\_\_\_\_

If yes, what league? \_\_\_\_\_

Was the team name/sponsor the same? \_\_\_\_\_

If no, what name was the team registered under? \_\_\_\_\_

Approximate average age of team \_\_\_\_\_

Does anyone on your roster have college experience? \_\_\_\_\_

If yes, please list names of players? \_\_\_\_\_

Games will played on Monday, Tuesday, Wednesday and Thursday evenings. No gym preference will be given due to limited gym space.

FOR OFFICE USE

PAID            DATE \_\_\_\_\_

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK # AND ACCOUNT NAME \_\_\_\_\_