



ADULT BASKETBALL TEAM REGISTRATION FORM – Please complete all lines on this form

Please Print

Name of Team _____

Coach's Name _____ Telephone (h) _____ (w) _____

Email: **(Required)** _____

Address _____ City _____ Zip _____

Asst. Coach's Name _____ Telephone (h) _____ (w) _____

Address _____ City _____ Zip _____

IF INDUSTRIAL TEAM COMPLETE THE NEXT 3 LINES*

*Name of Company _____

* Name of Company President (to verify players' eligibility) _____

* Company Address _____ City _____ Zip _____

Please circle level of competition at which your team should participate

Weak Average Above Average Strong

Did your team participate in the previous Basketball Season? _____ Yes _____ No

If you answered **YES**, what team name did the team play under? _____

Type of league requested – Please circle one **Industrial League** **Open League**

For Office Use Only

Date Fee Received _____ Amount Paid _____ Received By _____

Account Deposited _____ Amount Deposited _____ Date _____

PIV # _____ Staff Signature _____

Date of Refund _____ Reason _____

Approved By _____