

# BASKETBALL ADULT LEAGUE REGISTRATION FORM

NAME OF TEAM: \_\_\_\_\_

NAME OF MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (CELL) \_\_\_\_\_

(W) \_\_\_\_\_

E-MAIL \_\_\_\_\_

PLEASE CIRCLE ONE:            MEN            WOMEN

PLEASE CIRCLE ONE:

CHURCH            INDEPENDENT            3 ON 3