



Adult Basketball League

Season: _____ Year: _____

Team Contact Information

Team Name _____ Uniform Color _____

Team Representative _____

Address _____

City _____ Zip _____

Primary Phone _____ **Text?** Work Phone _____

Primary E-mail _____ Work E-mail _____

Alternate Contact Person _____

Address _____

City _____ Zip _____

Primary Phone _____ **Text?** Work Phone _____

Home E-mail _____ Work E-mail _____

Skill Level Preference for League Play (Placement not guaranteed)

Divisions: A/B/C/D 1st Choice _____

A Division= Highest Level 2nd Choice _____

D Division= Lowest Level 3rd Choice _____

Evening Conflicts? Tues ___ Thurs ___ (accommodation not guaranteed)

Has your team played in our league before? Yes No **Previous record** _____

If No: Where have you played? _____ What Level? _____

Contact Name _____ Phone _____

If Yes: Which division? _____ What years? _____

What was your team name? _____

Number of returning players from last season: _____

For office use only

Fee Paid		Method		Date		Time		Staff Initials	
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