



CITY OF BELOIT, RECREATION
Adult Basketball League
Team Registration Form

Please *mark one* of the following leagues offered:

Wednesday Men's Competitive _____

Wednesday Men's Recreation _____

Wednesday Coed _____

TEAM _____

TEAM MANAGER _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ _____
PRIMARY "Check Box for Text Alerts" SECONDARY

E-MAIL ADDRESS _____

LAST YEAR'S TEAM _____

I fully understand that all league fees are non-refundable or transferable, regardless of the circumstances. I further understand that all fees will be forfeited to the league should my team drop out for any reason. I, as manager, also take full responsibility to make sure my team is following all policies set forth by the City of Beloit, Adult Recreation Basketball Program.

Team Manager's Signature

Date

CITY OF BELOIT, RECREATION
Adult Basketball League
Team Roster

NAME	ADDRESS	CITY, ZIP	E-MAIL ADDRESS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			