

Adult Basketball – 2019

Individual Player Registration/Team Roster

Must be turned in by Tuesday, October 3rd

Team Name: _____ Men's League: _____

PLEASE CHECK

PLEASE PRINT

Resident -	Non-Res -	Name	Address	City/Zip	Home Phone	Signature
		1.				
		2.				
		3.				
		4.				
		5.				
		6.				
		7.				
		8.				
		9.				
		10.				
		11.				
		12.				
		13.				
		14.				
		15.				
		16.				
		17.				
		18.				
		Total	Players must be signed up before they play.			

Resident Player: Included

Non-Resident: Included

Paid _____

Date _____