



Summer 2008
BASKETBALL REGISTRATION FORM

(must be accompanied by a team roster)
 PLEASE PRINT, USE BLACK INK



TEAM NAME _____

FORMER TEAM NAME _____

MANAGER E-MAIL ADDRESS _____

ADDRESS _____ APT. # _____ CITY _____ ZIP _____

HOME PH _____ OFFICE PH _____ CELL PH _____

CIRCLE THE LEAGUE YOU ARE REQUESTING:

Competitive Monday	Recreational A Monday	Recreational B Wednesday	Recreational C Tue. or Thurs.
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Note: Monday league may play at least 2 games on other nights due to gym availability issues during the season

Teams with previous Tempe experience please answer the following:

SUMMER 2007	Classification _____	Gym _____	Record _____
WINTER 2008	Classification _____	Gym _____	Record _____

If you are requesting a change in league classification, why? _____

Other teams, PLEASE ANSWER THE FOLLOWING: What City, classification and record did your team last play? _____

NEWLY ORGANIZED TEAMS PLEASE CHECK HERE _____ Why have you requested the classification above? _____

All teams must be prepared to play Monday through Thursday in tournament play.

I understand that once the team registers, no refunds are available unless the league is cancelled.

DO NOT WRITE BELOW THIS LINE

ENTRY FEE PAID BY _____ RETURNED TO _____