Adult Basketball Team Registration Form

Men's Sunday 5 on 5

| Team Name: | | | |
|-------------------------|------------------------------|-----------------------------------|--|
| Sponsor (If Applicable) |) (Will be given Facebook re | ecognition): | |
| Captain's name: | | | |
| Phone number: | | | |
| Email: | | | |
| Player Name: | Age: | Email | |
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| 2 | | | |
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| 9 | | | |
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| | | eague (WILL BE STRICTLY ENFORCED) | |

ROSTER CHANGES ALLOWED UP TO PRIOR TO WEEK #2'S GAME

-Register at The Northern Center in person at 7784 Stone School Rd Houghton Lake, MI or through phone/email. By Providing an Email Address, An Invoice will be sent to Captains. Full Payment Due before first game. Forms may also be accessed at <u>www.coachvick.net</u>. For Questions or to Register, call (989)-202-4888 or <u>coachmvick@gmail.com</u>