

ACTIVITY NAME: Winter Basketball

ACTIVITY ID#: _____

**COMMUNITY EDUCATION AND RECREATION
ADULT TEAM SPORTS REGISTRATION FORM**

CAPT./ MGR. FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (W) _____ (H) _____ (CELL) _____ (OTHER) _____

E-MAIL ADDRESS: _____

GENDER: M F DATE OF BIRTH: ____/____/____ (MM/DD/YYYY)

LEAGUE REGISTERING FOR: _____ CURRENT TEAM NAME: _____

DESIGNATED PAYER (OTHER THAN CAPTAIN): _____

PRIOR LEAGUE: _____ PREVIOUS TEAM NAME: _____

NIGHT OF PLAY PREFERENCE: 1st Choice _____ 2nd Choice _____

INDIVIDUAL AWARD (choose one): Trophy _____ Reversible Mesh Jersey _____ Screen Printed T-Shirt _____

SPECIAL REQUESTS (Schedule Constraints/ potential Bye date):

YOU MAY REQUEST SPECIFIC TIMES, BUT THERE ARE NO GUARANTEES!

**PERSONAL CHECKS ARE ACCEPTED ONLY FROM THE TEAM SPONSOR OR TEAM MANAGER.
REC & ED WILL ALSO ACCEPT MONEY ORDER, CASH, OR CORPORATE CHECKS
PLEASE MAKE CHECKS PAYABLE TO ANN ARBOR PUBLIC SCHOOLS**

PLEASE COMPLETE IF PAYING BY CREDIT CARD

Name _____
Print the name exactly as it appears on the credit card

VISA MASTERCARD Amount charged \$ _____

Card # _____ Exp. Date: _____

Signature (required) _____

I agree to pay above total amount according to the card issuers agreement and the Community Education and Recreation Refund/Credit policy listed in the organizational notes.

*** FOR USE BY RETURNING TEAMS ONLY ON PRE-REGISTRATION DAY***

** In order to qualify for pre-registration, teams must fulfill one of the three criteria below:*

- 1) Returning captain from previous season's team – CAPTAIN'S NAME: _____
- 2) Returning sponsor from previous season's team – SPONSOR'S NAME: _____
- 3) Four players returning from previous season's team (roster may be required)

REGISTRATION DATES:

Returning Teams:

Wednesday, October 12

All Teams:

Thursday, October 13

FINAL DEADLINE:

Friday, November 4