



CHRISTIAN BASKETBALL LEAGUE

TEAM REGISTRATION FORM

Church/Organization: _____

Team Name: _____ Age Group: 9 to 12 13 to 15
Circle One

ROSTER

Name:

Age:

DOB:

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

****Each player must complete a waiver/registration form.****

Church/Organization: _____

Head Coach _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Coach's signature

Date