DUNK BASKETBALL
2011-2012 Middle School Team Registration Form

MAIL FORM AND PAYMENT TO:
Dunk Basketball
c/o Charter Leagues
P.O. BOX 8282
Coral Springs, FL. 33075

Money Order or Check Payable to: Dunk Basketball

For assistance email: info@godunkbasketball.com

*A TEAM CONSISTS OF A MINIMUM OF 6 PLAYERS AND 1 COACH

CIRCLE ONE: BOYS GIRLS

SCHOOL NAME: _____

TEAM MASCOT/COLORS: _____ **TEAM EMAIL REQUIRED:** _____

HEAD COACH: _____ **CONTACT NUMBER** _____

ASSISTANT COACH: _____ **CONTACT NUMBER** _____

ASSISTANT COACH: _____ **CONTACT NUMBER** _____

TEAM MANAGER (IF DIFFERENT FROM COACH) : _____ **CONTACT NUMBER** _____

EMAIL REQUIRED: _____

Jersey#	PLAYER'S NAME	AGE	D.O.B.	GRADE

Team Blackout Dates: _____

School Spirit Team: Y N

Total Amount Paid: _____ **Check #** _____

OFFICE USE ONLY

__Registration Fee __Forms Notes: _____

Form D– School Team Roster
Revised 8/11