

# Basketball of the Carolinas Team Registration Form

Address: P.O. Box 8666, Asheville, NC 28814 Phone: (828) 251-5107 Website: www.basketballofthecarolinas.com

Fee includes your Team Registration, Liability & Secondary Accident Coverage.

Team Name: \_\_\_\_\_ Boys Girls Grade  Division

No.	Coach's Names <small>(Last, First)</small>	Email Address	Phone Number
1			
2			
3			

No.	Team Member's Names <small>(Last, First)</small>	Address <small>(Street, City, State, Zip Code)</small>	Birth Date <small>(MM/DD/YYYY)</small>	Grade	Age Exception
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

### Contact Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Address City State Zip Code  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Order Summary** (This section to be filled out only by teams participating in the Basketball of the Carolinas Registration Promotional Offer)

Basketball of the Carolinas Team Fee \$ \_\_\_\_\_ = TOTAL: \$ \_\_\_\_\_