

Youth Basketball of America League Registration Form

Association # _____

10325 Orangewood Blvd Orlando, FL 32821 USA Phone: (407) 363-9262 Fax: (407) 363-0599

Association _____ Contact Person _____

Head Coach _____ Team Name _____ Age Division _____

Coach's Address _____
STREET ADDRESS OR P. O. BOX CITY STATE ZIP

Coach's Home Phone(_____) _____ - _____ Work Phone(_____) _____ - _____ Fax (_____) _____ - _____

PRINT OR TYPE LEAGUE ROSTER FORM LEGIBLY. RETURN ALL COPIES OF THIS FORM TO YBOA.

	NAME (First, Last, Middle Initial)	ADDRESS (Street, City, State, Zip)	AGE NOW	BIRTH DATE	SEX
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Total # of Players _____ X \$6.00 per player = \$ _____

Date Paid ____/____/____ Paid By: _____
 Cash
 Check/M.O.
 Credit Card
 (Visa/MC Only)

Received By: _____

Date: _____

By my signature, I hereby certify the above information is complete and accurate to the best of my knowledge & that I have seen an original of all birth certificates.

Signature _____ Date _____