

Youth Basketball of America Player Registration Form

Association # _____

10325 Oranewood Blvd Orlando, FL 32821 USA www.yboa.org Phone: (407) 363-9262 Fax: (407) 363-0599

Association _____ Contact Person _____

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

Head Coach _____ Team Name _____ Age Division _____ Boys Girls

Coach's Address _____

STREET ADDRESS OR P. O. BOX

CITY

STATE

ZIP

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

PRINT OR TYPE PLAYER REGISTRATION FORM LEGIBLY. RETURN ALL COPIES OF THIS FORM TO YBOA.

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

***BOYS ONLY - USE FOR GRADE ELIGIBLE PLAYERS. LIMIT THREE PER TEAM. CAN ALSO BE USED FOR REGULAR PLAYERS.**

Total # of Players _____ X \$13.00 per player = \$ _____

Date Paid _____ / _____ / _____ Paid By: _____

_____ Cash

_____ Check/M.O.

_____ Credit Card No. _____ Exp. _____

Received By: _____

Date: _____

(Visa/MC/Amex/Discover)

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 _____