

Received
Roster

Paid

**NORTHFIELD COMMUNITY SERVICES DIVISION
BASKETBALL SIGN-UP INFORMATION SHEET**

League Adult Basketball League

Division of Play Recreational League

TEAM NAME (CURRENT YEAR): _____

IS THIS A NEW TEAM: YES NO
(A NEW TEAM IS DETERMINED BY 3 OR LESS RETURNING ROSTERED PLAYERS)

TEAM NAME PREVIOUS YEAR: _____

TEAM MANAGER (1ST CONTACT)

NAME: _____
ADDRESS: _____
CITY: _____
PHONE (H) _____ (W) _____
CELL PHONE _____ EMAIL _____

2ND CONTACT PERSON:

NAME: _____
ADDRESS: _____
CITY: _____
PHONE (H) _____ (W) _____
CELL PHONE _____ EMAIL _____

ANY CONFLICTS DURING THE SEASON? _____

REASON? _____

Payment Details (League fee is \$475.00 due October 5, 2019):

Cash _____

Community Services check # _____ (checks payable to Community Services)

Credit Card: MasterCard _____ Visa _____ Discover _____

Credit Card # _____ Expiration Date ____/____(MM/YY)

Name as it appears on the card _____

Signature _____