

Adult Basketball Registration



League Type: _____

Team Information:

Team Name: _____	Location: _____
Team Jersey Colors: (colors must be pre-approved) _____	
Captain: _____	Phone #: _____
E-mail Address: _____	

	Player Name	Phone #	E-mail Address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If you have any questions or need additional information, please contact the league coordinators:

André Daniels (786) 205-5198 andre@miamibasketball.net
Gus Reyes (South Miami) (786) 201-4106 gus@miamibasketball.net

Official Use:

Registration Date: _____	Paid: _____ (check / cash)
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