

**ADULT FALL 2008 BASKETBALL LEAGUE
ENTRY FORM**

TEAM NAME: _____

REQUESTED DIVISION: _____ Men's Competitive _____ Men's Recreation
(note: recreation division dependant on at least 4 teams signing up)

MANAGER*: _____

HOME PHONE*: _____ BUS PHONE*: _____

E-MAIL ADDRESS* _____

ADDRESS*: _____
(STREET) (APT #)

(CITY) (STATE) (ZIP)

2ND CONTACT*: _____

HOME PHONE*: _____ BUS PHONE*: _____

E-MAIL ADDRESS*: _____

***This information must be complete before your registration can be accepted.**

Make ONE check payable to MMUMC (Put Drivers License # on Check)

For Office Use Only:

Amount Paid _____ Check # _____ Balance Owed _____

Date _____