

**Team Registration Form
2007 - 2008
Victoria and District Amateur Basketball Association**

Division _____	Team Name _____	<div style="border: 2px solid black; padding: 2px;">Revision Date: _____</div>
Suggested level _____	Practice Day _____	Final List: Yes / No Practice Time _____
Coach _____	Contact Number _____	Email: _____
Asst. Coach _____	Contact Number _____	Email: _____
Manager _____	Contact Number _____	Email: _____

Players (Minimum of Eight (6 for U11))

	Surname	Given Name	Address	Phone	Birthdate mo/day/year
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____