

Team Registration Form

Team Name: _____

Division: 7th/8th 9th JV Varsity
(Circle One) (*Grade as of 2011/2012 school year*)

Gender: Boys Girls (Circle One)

Coach/Coordinator: _____

Contact Information:

Phone Number: _____

Cell Number: _____

E-Mail: _____

Fax Number: _____

****** PLEASE MAIL OR EMAIL THIS COMPLETED FORM TO SCOTTY VAUGHAN BY JULY 7TH ******

Email to: stv@freese.com, idswest@aol.com, or tammyfulfer@aol.com, or Fax to 817-444-4180, or Mail to : 200 Ash Creek Dr, West, Azle, TX 76020

**** Teams can play up if desired. Also, if there are any special scheduling requests, they must be noted on this form or faxed on a separate sheet with this form. No guarantees though. ****

Notes: _____

Each player must also fill out and sign a player waiver form prior to playing first game. Waiver forms available on website www.azlebasketball.com or at tournament registration table.