

GBYC 2011 3-on-3 Basketball Registration Form

*please drop off completed forms at 16 Municipal Drive, Grand Bend
centre or email a copy to gbyouthcentre@hay.net

Team Name: _____

****Please write age as of tournament date****

Player One - Captain

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Email: _____

Age: _____ Gender: _____

Indicate level of Experience

No Experience Beginner (schools Basketball, Camps)

Intermediate (House league) Advanced (OBA Competitive)

Emergency Contacts:

Name: _____ Home Phone: _____ Work: _____

Player Two

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Email: _____

Age: _____ Gender: _____

Indicate level of Experience

No Experience Beginner (schools Basketball, Camps)

Intermediate (House league) Advanced (OBA Competitive)

Emergency Contacts:

Name: _____ Home Phone: _____ Work: _____

Player Three

Name: _____

Address: _____
City: _____ **Postal Code:** _____
Home Phone: _____ **Email:** _____
Age: _____ **Gender:** _____

Indicate level of Experience

___ No Experience ___ Beginner (schools Basketball, Camps)
___ Intermediate (House league) ___ Advanced (OBA Competitive)

Emergency Contacts:

Name: _____ Home Phone: _____ Work: _____

Player 4

Name: _____
Address: _____
City: _____ **Postal Code:** _____
Home Phone: _____ **Email:** _____
Age: _____ **Gender:** _____

Indicate level of Experience

___ No Experience ___ Beginner (schools Basketball, Camps)
___ Intermediate (House league) ___ Advanced (OBA Competitive)

Emergency Contacts:

Name: _____ Home Phone: _____ Work: _____

Player 5

Name: _____
Address: _____
City: _____ **Postal Code:** _____
Home Phone: _____ **Email:** _____
Age: _____ **Gender:** _____

Indicate level of Experience

___ No Experience ___ Beginner (schools Basketball, Camps)
___ Intermediate (House league) ___ Advanced (OBA Competitive)

Emergency Contacts:

Name: _____ Home Phone: _____ Work: _____