



32nd AMITY ATHLETICS BOOSTER CLUB
YOUTH BASKETBALL INVITIATIONAL 2009

REGISTRATION FORM

Division: _____

Name of Team: _____ Uniform Color: _____

Coach's Name: _____ Email Address: _____

Coach's Phone No. Home: _____ Cell: _____

Assistant Coach's Name: _____

ROSTER

Each team is limited to 12 players and 2 coaches.

<u>Player's Name</u>	<u>Address</u>	<u>Birth Date</u> <u>Month/Day/Year</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

No entry will be accepted without age certification and entry fee of \$200.
(Please make checks payable to Amity Athletics Booster Club.)

Amity Regional High School, Amity Athletics Booster Club, and its
Tournament Committee are not responsible for any injuries suffered.

Coach's Signature _____

Mail entry to: Stanley J. Gedansky, Amity Athletics Booster Club,
16 Sturbridge Lane, Woodbridge, CT 06525.

Or email to: ritstag@aol.com, bethycjz68@sbcglobal.net, skelly16@sbcglobal.net