JOE DUMARS' FIELDHOUSE: TEAM REGISTRATION

Season: _____ Date Received: _____

Team Name: _____

Coach's/Captain's Name: _____ E-mail (Mandatory):_____

Coach's/Captain's Address: _____
number & street city zip

Coach's/Captain's Phone Numbers: (____)_____(_____)_____
day evening

Alternate Coach/Captain's Name: _____ Phone: _____

Please circle the appropriate choice for each category and write choice in space provided below:					
Sport	**Division**	**Grade**	**Level**	**Day**	**Time**
Basketball: 5v5 or 4v4	**MEN'S**	**3-4/5-6**	**Competitive**	**Mon. Tues.**	**Morning**
Volleyball Hard Court 6v6	**WOMEN'S**	**7th/8th**	**Recreational**	**Wed. Thurs.**	**Afternoon**
Floor Hockey	**CO-ED**	**9th/10th**	**Open**	**Fri. Sat.**	**Evening**
Volleyball Outdoor 4v4 or 6v6	**Girls/Boys**	**11th/12th**		**Sun.**	

PLEASE PRINT EACH CHOICE CLEARLY ON THE LINES BELOW

_____	_____	_____	_____	_____	_____
Sport	**Division**	**Grade**	**Level**	**Day**	**Time**

Late Fee Policy:

Registrations taken after the Registration Deadline are subject to a $5.00 per player late fee.
Registrations taken after the first game are subject to an <u>additional</u> $5.00 per player late fee.
All registration fees must be paid in full by the third game of the season no exceptions.
League Refund Policy: No refunds or credits will be given.

Joe Dumars' Fieldhouse: Team Roster

NAME	HEIGHT	BIRTH DATE	GRADE	E-MAIL ADDRESS (Mandatory)	PAID
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

<u>ALL YOUTH TEAMS MUST FILL OUT THE TEAM QUESTIONNAIRE INCLUDED IN YOUR TEAM PACKET.</u>