

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	7 th /8 th	Recreational	Wed.	Thurs.	Afternoon	
Floor Hockey	CO-ED	9 th /10 th	Open	Fri.	Sat.	Evening	
Volleyball Outdoor 4v4 or 6v6	Girls/Boys	11 th /12 th		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 additional \$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.					

ALL YOUTH TEAMS MUST FILL OUT THE TEAM QUESTIONNAIRE INCLUDED IN YOUR TEAM PACKET.