



SALEM BASKETBALL LEAGUE

Player Registration

Return this Registration form to the office at Salem Baptist Church.

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Gender: M / F Grade: _____ Church(if you attend regularly): _____

DOB: ____/____/____ How many years have you participated in this sport? ____

Email: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Email _____

I would like to volunteer by being a Coach Referee Assistant Coach

Mother/Guardian: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Email _____

I would like to volunteer by being a Coach Referee Assistant Coach

Emergency Contact

Name _____ Email _____ Mobile Phone _____

PRACTICE PREFERENCES

If applicable, check **ONE** night your child **CANNOT** practice: MON TUE THUR FRI

SIZING

T-Shirt: __YXS __YS __YM __YL __YL/AS __AM __AL __AXL __A2XL

Jersey: __YXS __YS __YM __YL __YL/AS __AM __AL __AXL __A2XL

COST

K – 5th Grade: \$30 (T-shirts)

6th-12th Grade: \$65 (Jerseys)

RETURN THIS FORM WITH PAYMENT TO:

Salem Baptist Church
Attn: Salem Basketball League
430 Rockford Road
Dobson, NC 27017
salemdobson.com
(336) 374-4419