VALLEY JCC ADULT BASKETBALL ROSTER

TEAM NAME:		
CAPTAIN:	CELL:	EMAIL:
ASSISTANT:	CELL:	EMAIL:

PLEASE NOTE THAT ALL PLAYERS MUST SIGN VJCC WAIVER FORM PRIOR TO PLAYING

PLAYER NAME:	CELL:	EMAIL:	DATE OF BIRTH:

PLEASE INDICATE TEAM SKILL LEVEL (DIVISIONS WILL BE FORMED BASED UPON THE INFORMATION YOU SELECT BELOW/AS WE GROW AND PROGRESS TEAMS MAY MOVE DIVISIONS AND ADDITIONAL DIVISONS WILL BE ADDED:

FUN/BEGINNER: ☐ RECREATIONAL: ☐ HIGH SCHOOL: ☐ COLLEGE: ☐

LEAGUE FEE: $425.00 PER TEAM CHECKS PAYABLE TO: VALLEY JEWISH COMMUNITY CENTER

NAME ON CARD: _____ BILLING ADDRESS: _____

MASTER CARD, VISA, OR AMERICAN EXPRESS CARD NUMBER

CVV# EXPIRATION DATE CHECK NUMBER: _____