

**Tri-City Leisure Center
Men's Basketball League Registration**

Team Name: _____ **Jersey Color:** _____

Contact Person: _____

Address: _____ **City:** _____ **Zip:** _____

Home/Cell Phone: _____ **Work/Other:** _____

Roster: *(Please note: players may be asked to show picture id at games)*

Name:

Phone:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Please note any special requests below:

All Rosters must be completed and \$ turned in prior to the start of your first game