



## CAYMAN ISLANDS BASKETBALL ASSOCIATION LEAGUE PARTICIPATION/REGISTRATION FORM



Team Name \_\_\_\_\_

Team Sponsor \_\_\_\_\_

DIVISION (TICK ONE)

Senior Men Div 1	Under 19 Boys	Under 16 Boys	Under 12 Boys	Over 40 Men	Under 14 Boys
Senior Men Div 2					
Senior Men Div 3	Under 19 Girls	Under 16 Girls	Under 12 Girls	Over 40 Women	Under 14 Girls
Senior Women					

Name	Jersey#	Date of Birth	Phone #	Email Address	Height	Position G/F/C

Coach \_\_\_\_\_

Assistant Coach \_\_\_\_\_

Other Bench Personell - Manager etc (please see article 5 of By-Laws re: bench personell)  
 \_\_\_\_\_

Team PR Contact (this person will be responsible for disseminating information received from from to the team

1) Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Email: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone Number \_\_\_\_\_ Email: \_\_\_\_\_