

ARCHDIOCESE OF BALTIMORE
ARCHDIOCESAN BASKETBALL

GIRLS TEAM APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

NAME OF PARISH OR SCHOOL _____

NAME OF PARISH COORDINATOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL OR BUSINESS PHONE _____

EMAIL ADDRESS _____

NAME OF COACH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL OR BUSINESS PHONE _____

EMAIL ADDRESS _____

GYM WHERE YOU WOULD LIKE TO PLAY

1ST CHOICE _____ LEAGUE # _____

2ND CHOICE _____ LEAGUE # _____

CIRCLE ONLY THE AGE GROUP PERTAINING TO YOUR TEAM

8-10

10-12

12-14

High School

4THgr 5THgr

6THgr 7THgr

8THgr

9THgr 10THgr

11THgr 12THgr

CONFIRMATION DATE _____

CONFIRMATION RETREAT DATE _____

NO ADJUSTMENTS WILL BE MADE TO SCHEDULES DURING THE SEASON