

TEAM AND LEAGUE FEES APPLICATION

PARISH _____
 PARISH COORDINATOR _____
 ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

***** PLEASE LIST A COACHES NAME, ADDRESS, PHONE # AND LEAGUE # *****
 ***** FOR EACH LEAGUE YOU ENTER ON THE BACK OF THIS FORM *****

AGE GROUP	LEAGUE #	LEAGUE #	LEAGUE #	LEAGUE #	LEAGUE #
8 - 10 BOYS	_____	_____	_____	_____	_____
10 - 12 BOYS	_____	_____	_____	_____	_____
12 - 14 BOYS	_____	_____	_____	_____	_____
14 - 16 BOYS	_____	_____	_____	_____	_____
16 - 18 BOYS	_____	_____	_____	_____	_____
8 - 10 GIRLS	_____	_____	_____	_____	_____
10 - 12 GIRLS	_____	_____	_____	_____	_____
12 - 14 GIRLS	_____	_____	_____	_____	_____
14 - 18 GIRLS	_____	_____	_____	_____	_____

ALL TEAM APPLICATIONS AND LEAGUE FEES MUST BE PAID BY NOVEMBER 2, 2007
 RETURN FORM AND MONEY (\$90.00 FOR EACH TEAM PER LEAGUE) TO

MARY ALICE JACKSON
 50 WADE AVENUE
 BALTIMORE, MD 21228

MAKE CHECKS PAYABLE TO: "ARCHDIOCESAN BASKETBALL"