



# BASKETBALL REGISTRATION

Empire State Sports Council  
641 Grooms Rd., Suite 190  
Clifton Park, NY 12065  
518-406-5478

Please fill out and send to The **Empire State Sports Council** at the above address with all registration fees. Registration deadline is July 1, 2017.  
Late registrations may be accepted if space available at the late registration rate of \$400/team. Multiple team discounts do not apply if registering late.

## COACH INFORMATION

All correspondence will be to the coach, unless specified otherwise.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF TEAM: \_\_\_\_\_ GENDER: \_\_\_\_\_ TEAM AGE: \_\_\_\_\_

## TEAM ROSTER

Athlete information will remain confidential and will not be sold.

1. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

2. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

3. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

4. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

5. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

6. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

7. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

8. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

9. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

10. NAME: \_\_\_\_\_ JERSEY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_