

08/HEAT/09



REGISTRATION FORM

Game time at least 15 minutes

Fax : (786) 777- 1608

TEAM INFORMATION

TEAM NAME: _____

GENDER: Male Female Co-ed

AGE/HEIGHT GROUP:

12 and under 6' 13-18, under 6' 13-18, 6' or taller

19-29, under 6' 19-29, 6' or taller 30+, under 6'

30+, 6' or taller

Wheelchair Team

PREFERRED COURT TIMES: *(The more flexible your schedule is, the more likely we can fit you in)*

October 28 + 29

6:00am - 6:30am	6:30am - 7:00am	7:00am - 7:30am
8:00am - 8:30am	8:30am - 9:00am	9:00am - 9:30am
9:30am - 10:00am	10:00am - 10:30am	10:30am - 11:00am
11:00am - 11:30am	11:30am - 12:00pm	12:00pm - 12:30pm
12:30pm - 1:00pm	1:00pm - 1:30pm	1:30pm - 2:00pm
2:00pm - 2:30pm	2:30pm - 3:00pm	3:00pm - 3:30pm
3:30pm - 4:00pm	4:00pm - 4:30pm	4:30pm - 5:00pm
5:00pm - 5:30pm	5:30pm - 6:00pm	6:00pm - 6:30pm
6:30pm - 7:00pm	7:00pm - 7:30pm	7:30pm - 8:00pm
8:00pm - 8:30pm	8:30pm - 9:00pm	9:00pm - 9:30pm
9:30pm - 10:00pm	10:00pm - 10:30pm	10:30pm - 11:00pm
11:00pm - 11:30pm	11:30pm - 12:00am	12:00am - 12:30am
12:30am - 1:00am	1:00am - 1:30am	1:30am - 2:00am
2:30am - 3:00am	3:00am - 3:30am	3:30am - 4:00am
4:00am - 4:30am	4:30am - 5:00am	5:00am - 5:30am
5:30am - 6:00am	<input type="checkbox"/> Any available time	

PREFERRED OPPONENT*: _____

*In order for a preferred opponent to be scheduled, you must provide their team name and the opposing team must also list your team as their preferred opponent on their registration form.

PLAYER INFORMATION

Captain/Primary Contact Person

Name: LAST NAME, FIRST NAME

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone #: _____

Birthdate: (MM/DD/YYYY) Height: _____

Email: _____

Player Two

Name: LAST NAME, FIRST NAME

Daytime phone #: _____

Birthdate: (MM/DD/YYYY) Height: _____

Email: _____

Player Three

Name: LAST NAME, FIRST NAME

Daytime phone #: _____

Birthdate: (MM/DD/YYYY) Height: _____

Email: _____

Player Four

Name: LAST NAME, FIRST NAME

Daytime phone #: _____

Birthdate: (MM/DD/YYYY) Height: _____

Email: _____

Player Five

Name: LAST NAME, FIRST NAME

Daytime phone #: _____

Birthdate: (MM/DD/YYYY) Height: _____

Email: _____

Player Six

Name: LAST NAME, FIRST NAME

Daytime phone #: _____

Birthdate: (MM/DD/YYYY) Height: _____

Email: _____

Please list add'l names on second sheet

Players MUST bring this REGISTRATION FORM and their SIGNED WAIVER to play in the game. All players and spectators MUST wear shoes/sneakers with non-marking or rubber soles.