# AURORA BASKETBALL TOURNAMENT – Feb. 6th – 10th, 2019

**REGISTRATION FORM**

**Team Name: _____** **Primary email: _____**

**Head Coach: _____** **Phone: (Cell) _____**

**Address: _____** **City: _____ Zip: _____**

**Assistant Coach: _____** **Phone: (Cell) _____**

***Circle your team's gender/grade division and skill level. Please PRINT team roster below*.**

**Boys 4th Grade Boys 5th Grade Boys 6th Grade Girls 4th Grade Girls 5th Grade Girls 6th Grade Skill Level A B C**

| No. | Player Name | Address | Grade | Age | Birthdate |
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Coaches / Coordinator's Signature: _____

*I certify this roster to be accurate as to the grade, age, birth date, name, and number of the players listed.*

**Please make $210.00 check payable to the **City of Aurora**

**Please mail check and registration form to: Aurora Parks and Recreation Department, 129 West Pioneer Trail Aurora, OH 44202