

AURORA BASKETBALL TOURNAMENT – Feb. 5th – 9th, 2020

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

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