



# St.Kitts Amateur Basketball Association

# Female Division Registration

- Club name: \_\_\_\_\_
- Team Name \_\_\_\_\_
- Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Phone \_\_\_\_\_ • Fax \_\_\_\_\_ • E-Mail \_\_\_\_\_
- Manager \_\_\_\_\_
- Coach \_\_\_\_\_
- Home Court (Practice Venue) \_\_\_\_\_
- Team Captain(s) \_\_\_\_\_
- Club/Team Management \_\_\_\_\_  
 \_\_\_\_\_
- Sponsor \_\_\_\_\_
  - Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Players:

(Please list the full names of players, their playing positions and date of birth clearly on the sheet and in the spaces provided. All information must be completed before submission of registration .)