



Brewster Sports Center Tri-State Basketball Super League 2008-2009

Circle One: Boys 3rd 4th 5th Girls 6th 7th 8th Level: A _____ B _____

Club Name: _____ Team Name: _____ Coach: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ E-Mail: _____

FEE: \$975 per team (\$100 forfeit fee is included)

All Team All fees for 3rd thru 8th grade must be paid by October 5th. A completed roster must be on file with league administrators no later than October 10th.

Check Number: _____ Date Submitted: _____

ROSTER:

	Name	Address	Birth Date	Phone #	Age	Grade	School
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							

Send check payable to: Brewster Sports Management, 19 Sutton Place Brewster, NY 10509



Brewster Sports Center Tri-State Basketball Super League

Tournament Release Form

Boys: _____ Girls: _____
Grade: _____ Grade: _____

Division: A _____ B _____

Team Name: _____

Coach Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____
REQUIRED

E-Mail: _____

As Coach or representative, I will be responsible for all members of my team.

Signature of Coach: _____

Date: _____