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Basketball League Team Registration Form

**A \$100 DEPOSIT AND CREDIT CARD MUST
ACCOMPANY ALL REGISTRATIONS**

ALL ROSTERS ARE DUE BEFORE THE START OF YOUR 2nd GAME

TEAM NAME _____ LEAGUE/DAY/DIVISION _____

TEAM MANAGERS NAME _____ HOME PHONE _____ WORK _____

CELL PHONE _____ EMAIL ADDRESS _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

COACHES NAME _____ HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

**LEAGUE PRICE \$350.00 FOR 10 GAMES.
ALL LEAGUE FEES ARE DUE BEFORE THE START OF YOUR 2ND GAME.
ADMISSION CHARGES DO APPLY.**

*Make Payments to: 10th Street Sports Center
9225 W. 10th Street Indianapolis, IN 46234
(317) 273-0413*

*Contact Mike Ellis for additional information
(mikeellis@the-sports-center.com)*

I UNDERSTAND THAT I AM RESPONSIBLE FOR TURNING IN ALL PLAYERS ELIGIBILITY INFORMATION, AND IN FULL/ON-TIME PAYMENT OF MY TEAMS LEAGUE FEES. IN THE EVENT LEAGUE FEES ARE NOT PAID PRIOR TO THE THIRD WEEK OF THE LEAGUE, I UNDERSTAND AND AUTHORIZE MY CREDIT CARD TO BE CHARGED THE REMAINING BALANCE OF MY TEAMS LEAGUE FEES.

SIGNED: _____ DATE: _____

FOR 10TH STREET SPORTS CENTER USE ONLY

Paid By: _____ Amount Paid: \$ _____ Cash : _____ Check # : _____ Charge _____

Date Received : _____ Received By : _____ Receipt # : _____

Card Type _____ Account # _____ Expiration Date _____