

Health Unlimited Basketball League 30 and Over

Play Begins October 17th

Form to be filled out by Team Captain

Captain's Name: _____

Team Name _____

Home Phone Number: _____

Email: _____

Other Phone Number: _____

Member: Yes No

Full Payment Is Due with Registration Form (\$495) to Reserve Your Teams Spot.
Make Check Payable To Health Unlimited.**

Please Complete Team Roster On Reverse Side.

Rosters may have no more then 10 people.

Players cannot be removed from roster for any reason after 10/17/2018.

Players may not be on more than one roster.

****Price includes 5% City Admission and Amusement Tax**

Health Unlimited Use Only:

Membership Number: _____ Date: _____

Method of Payment: Cash Check Credit Card House Charge

Staff Initials: _____

