

Health Unlimited Basketball League Winter 2017

Play Begins March 1st

Registration Deadline February 25th - league may fill before deadline

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 (\$499) to Reserve Your Teams Spot.
Make Check Payable To Health Unlimited.**

Please Complete Team Roster On Reverse Side.

Rosters may have no more than 10 people.
Players can be added to the roster at any time.

Players cannot be removed from roster for any reason after league begins.

Players may not be on more than one roster.

Health Unlimited Use Only:

Membership Number: _____ Date: _____

Method of Payment: Cash Check Credit Card House Charge

Staff Initials: _____

