



MOTION BASKETBALL TOURNAMENT REGISTRATION FORM

* Form Info – Please complete by printing your information in each box.

Team Contact Information											
Team Name:						Phone #:					
Team Mailing Address:											
City:				Province:				Postal:			
Head Coach:				Phone #:				Email:			
Contact Name:				Phone #:				E-Mail:			
LIST TOURNAMENT(S) DATE AND NAME											
<input checked="" type="checkbox"/> Select your Team Division:		M / F	<input type="checkbox"/> U10	<input type="checkbox"/> U11	<input type="checkbox"/> U12	<input type="checkbox"/> U13	<input type="checkbox"/> U14	<input type="checkbox"/> U15	<input type="checkbox"/> U16	<input type="checkbox"/> U17	<input type="checkbox"/> U19

Player Information						
Nm.	Player Nm.	Player Name (First and Last)	D.O.B.	Pos.	Height	School
0.	22	John Smith (Example Player)	Sept. 10, 1992	forward	6' 5"	St. Mary's Catholic School
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Coaching & Athletic Staff Contact Information - *All Staff information is MANDATORY!			
Assistant Coach:		Assistant Coach:	
Team/Club Confirmation Information - *All fields are MANDATORY!			
I, the undersigned, accept full responsibility on behalf of my team, club and/or organization for our players, staff, parents, and family. I will abide by all OBA rules and regulations.			
Team / Club / Organization:			
Team / Club Coach or Rep. Name (print):			
Team / Club Coach or Rep. Signature:			Date Signed
			Month: