



Malvern Basketball League

Play with the Best

Coaches Team Registration - Summer League 2008

Check Grade Level (as of September 2008):

1st ___ 2 ___ 3 ___ 4 (8.5') ___ 4 (10') ___ 5 ___ 6 ___ 7/8 ___ 9/10 ___ 10/11/12 ___

Check: Boys ___ Girls ___

Check Ability Level: A ___ B ___ B/C ___ C ___

Team Name: _____

Coaching Information:

	Head Coach	Assistant Coach
Name		
Street Address		
City		
State		
Zip		
Home Phone		
Work Phone		
Cell Number		
Email Address		

Head Coach Information:

Number of years associated with the Malvern Basketball League: ____

Affiliated Schools: 1.) _____
2.) _____
3.) _____

Preferred Gym Locations: 1.) _____
2.) _____
3.) _____

Would you have any interest in the Fall League? Yes ___ No ___

Would you have any interest in the Winter League? Yes ___ No ___

If you know someone who wants to enter a team in our league, please list his/her name and phone number.

Name: _____ Phone: _____

If you know of a qualified referee that would be interested in working in our league, please list his/her name and phone number.

Name: _____ Phone: _____

Player Information:

List all information, indicate grade level as of September 2008, and return with entrance fee **by May 1, 2008.**

WE SUGGEST THAT EACH TEAM CARRY A MINIMUM OF 12 PLAYER AND A MAXIMUM OF 15.
MINIMUM FEE PER TEAM IS \$1080.00, EVEN IF YOU HAVE LESS THAN 12 PLAYERS ON YOUR ROSTER.

	Player Name	Mailing Address (Street, City, State, Zip)	Phone	Grade	Birth Date	Fee
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Head Coach Signature: _____ Date: _____

Send completed Team and Player forms to:

Kevin McCarry
627 N. Speakman Lane
West Chester, PA 19380-6452

by May 1, 2008

Visit us at www.malvernleague.com