

## Coaches Team Registration - Winter League 2013-2014

Check Grade Level:

1\_\_\_ 2\_\_\_ 3\_\_\_ 4 (10')\_\_\_ 5\_\_\_ 6\_\_\_ 7\_\_\_ 8\_\_\_ 9/10\_\_\_ 10/11/12\_\_\_

Check: Boys\_\_\_ Girls\_\_\_

Check Ability Level: A\_\_\_ B\_\_\_ B/C\_\_\_ C\_\_\_

Team Name: \_\_\_\_\_

### Head Coach & Assistant Coach Information:

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

### Team Information:

Number of years associated with the Malvern Basketball League: \_\_\_\_\_

Affiliated Schools: 1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Preferred Gym Locations: 1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

**Player / Roster Information:**

List all information, indicate grade level, and return with entrance fee (\$95 / player)

**by Oct. 27, 2013.** This is the COACH'S DEADLINE to submit team roster & fees.

WE SUGGEST THAT EACH TEAM CARRY A MINIMUM OF 12 PLAYER AND A MAXIMUM OF 15.

**MINIMUM FEE PER TEAM IS \$1140.00, EVEN IF YOU HAVE LESS THAN 12 PLAYERS ON YOUR ROSTER.**

Each Team will play 10 games.

	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 Oct. 27, 2013**  
Visit us at [www.malvernleague.com](http://www.malvernleague.com)