



KROC
ATLANTA

Adult Basketball Registration Form (Fall 2019)
(Salvation Army Kroc Center)

Team Name _____

Coach's Name _____

Address _____

City/Town _____ **Zip Code** _____

Phone: H) _____ **C)** _____

W) _____ **Fax)** _____

E-mail Address _____

Assistant Coach's Name _____

Phone: H) _____ **C)** _____ **W)** _____

E-mail Address _____

Scheduling Requests (We will try to accommodate requests made at this time. We will not reschedule any game unless the game is postponed due to weather or due to extenuating circumstances.)

For Office Use Only:

Amount Received _____ **Date** _____

Cash/Check _____ **Initials** _____

For League Manager Use Only:

League Fee _____