REGISTRATION FORM

Please indicate the name & dates of the tournament(s) you wish to enter on the lines below.

Tourney _____ **Date** _____
Tourney _____ **Date** _____
Tourney _____ **Date** _____
Tourney _____ **Date** _____

Please complete this form and submit it with your payment and roster. Indicate tournament and include check/money order addressed to:

Mill City AAU Basketball
71 Forest Park Ave.
North Billerica, MA 01862

Team Name_____ Age Group/Gender_____
Coach's Name_____ Phone #_____
Address _____
E-mail Address _____
Schedule Request (Day/Time)_____

ROSTER

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____