



CITY OF ROSEMEAD ADULT BASKETBALL LEAGUE - TEAM INFORMATION FORM

Information: (626) 569-2264 Email: TChu@cityofrosemead.org

TEAM MANAGER'S INFORMATION:

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Emergency Phone Number: _____

TEAM INFORMATION:

Team Name: _____ Is this team returning: NO or YES Previous Team Name: _____

Team Skill Level: BEGINNER INTERMEDIATE ADVANCE

TEAM ROSTER INFORMATION:

Participant Names (First and Last)	DOB	Address	Phone Number	Email
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				