



Sharon Basketball Association TRAVEL REGISTRATION TRY-OUT FORM

First Name

Last Name

Address

Home Phone

Sex (M/F)

Date of Birth

Grade (as of Fall 2009)

Primary e-mail

Alternate e-mail

Parent's Name(s)

Mobile Phone

Work Phone

Medical Concerns:

Vacation / Schedule Conflicts:

Try-Out Costs: Pre-register on-line \$25 per player, or \$30 per player if you register at tryouts.

Methods of Payment: After submitting your on-line registration, please send a check made payable to Sharon Basketball Association to: SBA, c/o Jim Bender, 22 Juniper Road, Sharon, MA. 02067. Please note on your check the player(s) name(s) that will be trying out. All payments must be received by September 17, 2009. In addition, a drop-off envelope will be available at the address listed above. If you have any questions, please send an email to Jbender@sovereignbank.com

Internal Use Only

Try-Out No.: _____ Amt Paid: \$ _____ Cash: _____ Check No.: _____