

CAMARILLO FAMILY YMCA
3111 Village at the Park Drive
Camarillo CA 93012



ADULT BASKETBALL

Name of Adult: _____
First Last Male Female

Phone: () _____ Employer: _____

Bus.: () _____ Email: _____

Home Address: _____
Street City Zip

Birthday: _____ Age: _____ Previous Experience _____

Please list in order of preference, which nights would work best for your team. Games will be played on Tuesday and Thursday nights, once per week, except during playoffs.

1. _____

2. _____

TEAM INFORMATION

Team Name: _____ Captain's Name: _____

Captain's Email: _____ Captain's Phone: _____

In case of emergency please notify:

Name	Relationship	Phone
------	--------------	-------