



Shreveport Public Assembly and Recreation
2009 Fall Basketball Team Entry Form

PLEASE PRINT OR TYPE ALL INFORMATION

\$200.00 ENTRY FEE & ROSTER MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED
(Team Entry Deadline: October 30, 2009)
SEASON BEGINS November 9, 2009

TEAM NAME: _____ NEW TEAM (Check One): YES NO

CLASSIFICATION LEVEL REQUESTED (Check One): TOP 1/3 MIDDLE 1/3 BOTTOM 1/3

TEAM NAME LAST YEAR: _____

COACH'S NAME: _____		
HOME ADDRESS: _____	_____	_____
	(Street)	(Apt / Lot #)
_____	_____	_____
	(City)	(Zip Code)
W/PHONE: _____	CELL PHONE: _____	FAX: _____
H/PHONE: _____	PAGER: _____	EMAIL: _____

ASST. COACH'S NAME: _____		
HOME ADDRESS: _____	_____	_____
	(Street)	(Apt / Lot #)
_____	_____	_____
	(City)	(Zip Code)
W/PHONE: _____	CELL PHONE: _____	FAX: _____
H/PHONE: _____	PAGER: _____	EMAIL: _____

FOR SPAR USE ONLY			
AMOUNT \$: _____	DATE: ___/___/___	RECEIPT #: _____	RECEIVED BY: _____ (Initials)

Please list any dates/days/times and reason your team **ABSOLUTELY** cannot play. We will attempt to honor your request.

Email Address Required For Coaches and Asst. Coaches

2009 FALL BASKETBALL ADULT TEAM ROSTER

(Please Print Clearly)

TEAM NAME _____

MANAGER _____

SPAR FAX: 673-7800

WORK PHONE: _____

HOME PHONE: _____

FAX #: _____

PAGER #: _____

EMAIL ADDRESS: _____

NAME

PHONE NUMBER

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