



ADULT BASKETBALL LEAGUE APPLICATION

*All applicants must be 18 years or older

SEASON SCHEDULE: each league is a 10-week schedule + playoff
SUMMER - 1st Monday in June / WINTER - 1st Monday in December

SECTION 1 - MUST BE COMPLETELY FILLED OUT

Name _____

Birthdate ___/___/_____

Gender:

Phone _____(mobile) _____(home) _____(work)

E-mail _____

Payment Amount: _____ all players - \$55 (late fee - \$70)

Rate your basketball IQ (1-10)_____ Interested in being a team captain (Yes/No)?_____

Emergency Contact: _____ Phone: _____ Your Occupation: _____

SECTION 2

1. What is your shirt size?

2. What is your preferred playing position?

3. How many years of organized basketball have you played? _____
At what level? _____recreational _____ high school _____college

4. What is your estimated fitness level (from 1-10)? _____

5. What is your height? _____

6. Are you a member of a local church?
If yes, where? _____

7. Have you made a personal commitment to Jesus Christ?
Please share a little about your relationship with Jesus:

feel free to use the back of this sheet if you need more room

I understand that I will be suspended for the upcoming basketball game after 2 technical fouls.
Furthermore, I understand that any negative personal behavior that results in 3 technical fouls in this
league will render me ineligible to play for the remainder of the season. I commit to setting a worthy
behavioral example patterned after Jesus Christ.

Signature _____ Date _____