



**2020 Boys Elite Basketball League
Team Registration Form**

Submit this form along with your individual player registration forms and fees.

Organization/Team Name: _____

Organization Colors: _____

Head Coach: _____ Phone: _____ Email: _____

Assistant #1: _____ Phone: _____ Email: _____

Assistant #2: _____ Phone: _____ Email: _____

Division (Circle one): 8U 10U 12U 14U 17U **August 31, 2020 Age Cut-off Date

	PLAYER NAME	DOB	PARENTS PHONE	PARENTS EMAIL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

TEAM FEES:

\$400 per team Must PAY IN FULL by deadline JANUARY 1ST 2020.

FULLY complete and return this form with individual player registration forms and fees by DEADLINE.

Attn: Stephanie Douglas- Basketball Commissioner.

Please make checks/money orders payable to Detroit PAL.

Cash must be paid in office. Payments can also be made over the phone.

Detroit PAL

1680 Michigan Ave. , Detroit, 48216

Phone (313) 833-1600

sdouglas@detroitpal.org

I have checked the above information for accuracy and have read all league rules and regulations. My team, parents and coaching staff will abide by all Detroit PAL Elite. Basketball rules and regulations.

Head Coach Name: _____ Signature: _____ Date: _____