

**Registration Form
Peterborough Women's Basketball League
2009/2010 Season**

First Name: _____ Last Name: _____

Phone Number: _____ Email Address: _____

Address: _____

Emergency Contact Name: _____
Phone Number: _____

Did you play last year? **Yes** **No** If yes, for which team? _____

How many years have you played basketball and at what level? _____

Rate your current skill level. (Beginner = 1, Advanced = 5) _____

Preferred Player Position: **Forward** **Centre** **Guard**

What is your height? _____ Year of birth: _____

Are you interested in being a team rep? **Yes** **No**

Please let us know if there is a player or a team you would prefer to play with:

Cost for the season: **\$120.00 - includes a team t-shirt**

Make cheques payable to: **Peterborough Women's Basketball League or PWBL**

FOR LEAGUE USE ONLY:

Rank: _____ Assigned Team: _____

Amount Paid:	Date:	Cash or Cheque
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