

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

<b>Emergency Contact Name:</b> _____
<b>Phone Number:</b> _____

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: \_\_\_\_\_

<b>Amount Paid:</b>	<b>Date:</b>	<b>Cash or Cheque</b>
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