

**NORTH/WEST BERGEN/PASSAIC GIRLS BASKETBALL LEAGUE
2007/2008 REGISTRATION FORM**

TOWN: _____

3/4TH Grade Coach:

Telephone(H) (W)

Address:

Email

Cell

5TH Grade Coach:

Telephone(H) (W)

Address:

Email

Cell

6TH Grade Coach:

Telephone(H) (W)

Address:

Email

Cell

7th Grade Coach:

Telephone(H) (W)

Address:

Email

Cell

8th Grade Coach:

Telephone(H) (W)

Address:

Email

Cell

League Director:

Telephone(H) (W)

Address:

Email

Cell

Gym Address:

Directions to Gym:

Home Game Night and Game Times:

Mon _____ Tues _____ Wed _____ Thursday _____ Fri _____ Sat _____ Sun _____

Please List Available Dates for Home Games: _____

(If your home night is on Monday, please indicate if your Gym is available on MLK's Birthday)

Team Colors: Home: _____ Away: _____

Please mail registration form and registration fee of \$1,050 per team to Neil Malmud at 14 Commanche Trail, Oakland NJ 07436. (212-885-0855(w) or 201-337-1186(h). E-mail address is NEIL@JDCNY.ORG). Please make check payable to NWBP Girls Basketball League. Registration forms should be submitted no later than NOV. 16, 2007. Payments or town purchase orders must be received no later than December 21, 2007. A late fee of \$25 per team will be assessed for payments received after this date.