



## 2025 Adult Fall Basketball League Individual Registration Form

**Please complete all information on this form.**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Player(s) Request: \_\_\_\_\_

### **Experience Level:**

Players will be assigned to a team based on the information provided on this form. If information is left blank, the League Director will assume the player has upward mobility.

**Indicate your experience level below.**

1 – Pro Ball or Major College

2 – Jr. College

3 – High School

4 – Below High School

5 – Beginner/Never Played

Men's Division

Women's Division

40+ Division

Would you be interested in being a Team Rep

YES

NO

### **Scheduling Requests:**

(All efforts will be made to accommodate requests; however, requests are not guaranteed.)

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