

SACRED HEART ALUMNI BASKETBALL ASSOCIATION
(SHABA) - 2009

REGISTRATION FORM

Team Name: _____

Team Owner: _____

Team Colors: First Choice: _____
Second Choice: _____
Third Choice: _____

Coach (if any): _____

	Players Name	Batch	Jersey No.	Contact Number/s:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Team Captain: _____ Signature: _____

*Team Owner will be contacted regarding financial obligations of the team.

*Team Captain will be contacted regarding basketball issues.