



www.the422sportsplex.com ♦ 1400 Industrial Hwy ♦ Pottstown, PA 19464 ♦ 610.323.9600

Adult Basketball Registration

Session Start (check website): _____

Please read the following information carefully. Teams will play 7 or 8 games. Games will be played on Sundays between 7-11:30pm. Use one form per team or individual.

Please return this form along with a \$100 deposit to hold your team's league spot. Leagues are filled on a first come, first serve basis. Acceptable forms of payment are check, cash, Visa or MasterCard.

Costs

Teams: \$550 Individuals: \$65

Full payment is due by your first scheduled game. If full payment is not received by the first game, a late fee will be added to your invoice. If payment is not received by the second week, that game will be forfeited. If payment is not received by the third game, the team will not be allowed to play the remainder of the season. **Before your team's first game, we must receive a complete roster and waiver forms for each team member.**

Team Information

The 422 Sportsplex reserves the right to place teams in any division they choose. Teams will not be allowed to move out of the divisions in which they are placed.

Team Name: _____ Jersey Color: _____

Skill Level (circle one): Division A Division B

Coach/Team Manager/Individual Information

If you are an individual player in need of a team, please check here _____ (complete the below information for yourself).

Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cellular Phone _____

Facsimile _____ Email _____

Other Contact Name _____ Phone Number _____

Does your team need extra players? _____ If yes, how many extras do you need? _____

Refund Policy: If games are cancelled due to inclement weather or any other unforeseeable circumstance, we will attempt to reschedule play at a later date. However we cannot guarantee that cancelled games will be rescheduled. All teams are responsible for all SportsPlex rules, which can be found on our website or ask management for a copy.

For Office Use Only: Received By _____		Date _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check (# _____)	<input type="checkbox"/> Charge (circle) MasterCard Visa
Credit Card # _____	Exp _____	Code _____	Amount _____		