

FYBA FALL BALL TEAM REGISTRATION FORM

Team Name	
Manager name	
Manager Phone #	
Manager email	

League:	
(age group)	

Shirts needed? Yes / No	

ROSTER:

	Player # if any	PLAYER NAME	shirt size (if needed)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			