

TEAM ENTRY FORM

2018 - 2019 Overtime League Coaches Roster Form

COACHES MUST SUBMIT: ALL FEES, COACH ROSTER FORM AND ALL INDIVIDUAL TEAM PLAYER FORMS AT ONE TIME TO BE ENTERED INTO THIS LEAGUE.

Cost: \$470 plus teams pay their own referee fee (\$30/game) \$445 if club enters 3 or 4 teams, \$420 if club enters 5 or more teams. If teams want Renegades to pay their ref fees, they need to submit \$330 in advance of league start with league fee. Ref fees for playoff and championship games are additional.

Note: Use your own team uniform or T-shirts can be made at additional cost.

Mail \$470 check, roster & individual player registrations by 11-28-2018 to Renegades, 858 Street Rd., Southampton, PA 18966

All games played at the Renegades' Kelly Bolish Gym, 2950 Turnpike Drive, Hatboro, PA 19040
www.renegadesbasketball.com or parenegades@comcast.net or 215-919-0019

Name of Team _____ Age ____ Grade ____ (grades 1-11) **Form Due Date: Wed., November 28, 2018**

Circle Gender of Team: Boys or Girls Team Level: A B C **League begins Saturday Dec 15, 2018**

Head Coach _____ Home Phone _____ Work _____ Cell _____ Email _____

Team Contact _____ Home Phone _____ Work _____ Cell _____ Email _____

Games can be scheduled for Saturdays 8am, 9:15am, 10:30am, 11:45am, 1pm, 2:15pm, 3:30pm, 4:45pm and Sundays 5:15pm, 6:30pm & 7:45pm. Please let us know 3 game times/days of the week in order of team preference/availability (you can also let us know weekly before weekly schedule is determined):1. _____ 2. _____ 3. _____

*I, as coach of my team certify that all players have personal primary health insurance and have medical & liability insurance coverage with our School, Township, CYO, AAU or club organization. **SUPPLY COPY OF CERTIFICATE/CARDS WITH THIS FORM.***

Signature of head coach _____ Date _____

	Player's Name	Grade	Email Address
1			
2			
3			
4			
5			
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12			
13			

