



Youth Basketball of America Team Registration Form



Address: 7676 Municipal Drive, Orlando, Florida 32819 Phone: (407) 363-9262 Fax: (407) 363-0599 Website: www.yboa.org

YBOA Team Fee includes your Team Registration, Liability & Secondary Accident Coverage for up to 12 players, and Liability Coverage for up to 3 coaches.
Coaches have the option to purchase Liability & Secondary Accident Coverage on all sports for \$15.00 each.

Team Name: _____ Boys Girls Grade Division

No.	Coaches Name <small>(Last, First)</small>	Email Address	Cell Phone Number	Add Accident Insurance?
1				Yes or No
2				Yes or No
3				Yes or No

No.	Players Name <small>(Last, First)</small>	Address <small>(Street, City, State, Zip Code)</small>	Birthdate <small>(MM/DD/YYYY)</small>	Grade	Age Exception
1					Yes or No
2					Yes or No
3					Yes or No
4					Yes or No
5					Yes or No
6					Yes or No
7					Yes or No
8					Yes or No
9					Yes or No
10					Yes or No
11					Yes or No
12					Yes or No

YBOA Team Membership includes up to 12 players and 3 coaches for \$125.00. Each additional player registration is \$10.00 per player

13					Yes or No
14					Yes or No
15					Yes or No

Contact Information

Name: _____ Address: _____
Address City State Zip Code
Cell: _____ Fax: _____ Email: _____

Order Summary

(Team Fee = \$125.00) ADD _____ Player(s) @ \$10.00 each = \$ _____ ADD Accident Coverage for _____ Coach(es) @ \$15.00 each = \$ _____ TOTAL: \$ _____



CREDIT/DEBIT CARD AUTHORIZATION FORM

I _____ hereby authorize Youth Basketball of America (YBOA) to charge the credit/debit card listed below:

Card Holder's Name: _____

Billing Address: _____

Address

City

State

Zip Code

Email: _____ Phone: _____

Credit Card Number: _____

Expiration Date: _____ CVV2 #: _____

MM/YY

Amount Authorized: \$ _____

Card Holder's Signature: _____