



LIHOOPS REGISTRATION FORM

Please print and fax to: 631-239-6037

or mail with Payment to:

LIHoops, PO Box 723, East Northport, NY 11731-1204

Registration must include payment AND roster

REGISTRATION INFORMATION

Name: _____ D.O.B.: _____

Team Name: _____

Street Address: _____ Apt.#: _____

Town: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

- Divisions: Nassau Suffolk Women Men
 A B B-2 B-3 Sunday Division
 High School (Suffolk) Over-30 Division

PAYMENT INFORMATION

TEAM FEE--\$850, FREE AGENT FEE--\$125 (PRICE INCLUDES REVERSIBLE JERSEY)

- Method of Payment: Check Money order Credit card
 Visa Master Card Amex

Name _____ Exp date _____

Name On Card _____ Amount _____

Credit Card Number _____

Signature _____

A complete roster including names, addresses and phone numbers must be emailed to: leagueoffice@gmail.com BEFORE your team can be scheduled for your first game.