

2011 Augsburg College Church Youth Basketball League - Registration Form

Your registration form and check must be post marked by Friday, December 3, 2010.

Church Name _____
 Church Phone _____
 Church Address _____
 City _____ Zip _____
 Staff Contact _____
 Home Phone _____ Cell Phone: _____
 (Must Have) (Must Have)
 Email _____

Coaches:

Must be at least 21 years of age. Share below those names you know at this time. We need to have the completed list by December 17 and they must attend the orientation meeting on either Dec. 19 or Jan. 3. As coaches are added, please send by e-mail to league Coordinator, Megan Schornstein. **If coaches are co-coaching, please put the main contact down only.**

Team 1. Coach Name _____
 League MS or HS Girls or Boys
 (Choose one) (Choose one)
 Home Phone _____ Cell/Work Phone _____
 Email _____
 Co-coaches name and cell phone (if applicable): _____

Team 2. Coach Name _____
 League MS or HS Girls or Boys
 (Choose one) (Choose one)
 Home Phone _____ Cell/Work Phone _____
 Email _____
 Co-coaches name and cell phone (if applicable): _____

Team 3. Coach Name _____
 League MS or HS Girls or Boys
 (Choose one) (Choose one)
 Home Phone _____ Cell/Work Phone _____
 Email _____
 Co-coaches name and cell phone (if applicable): _____

Team 4. Coach Name _____
 League MS or HS Girls or Boys
 (Choose one) (Choose one)
 Home Phone _____ Cell/Work Phone _____
 Email _____
 Co-coaches name and cell phone (if applicable): _____

Team 5. Coach Name _____
 League MS or HS Girls or Boys
 (Choose one) (Choose one)
 Home Phone _____ Cell/Work Phone _____
 Email _____
 Co-coaches name and cell phone (if applicable): _____

Send this registration form to: Megan Schornstein - League Coordinator
 7856 Marilyn Drive - Lino Lakes - MN
Or fax to: 763-592-7919

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 Email _____
 Co-coaches name and cell phone (if applicable): _____

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 (Choose one) (Choose one)
 Home Phone _____ Cell/Work Phone _____
 Email _____
 Co-coaches name and cell phone (if applicable): _____

Team 3. Coach Name _____
 League MS or HS Girls or Boys
 (Choose one) (Choose one)
 Home Phone _____ Cell/Work Phone _____
 Email _____
 Co-coaches name and cell phone (if applicable): _____

Team 4. Coach Name _____
 League MS or HS Girls or Boys
 (Choose one) (Choose one)
 Home Phone _____ Cell/Work Phone _____
 Email _____
 Co-coaches name and cell phone (if applicable): _____

Team 5. Coach Name _____
 League MS or HS Girls or Boys
 (Choose one) (Choose one)
 Home Phone _____ Cell/Work Phone _____
 Email _____
 Co-coaches name and cell phone (if applicable): _____

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