



Clermont Arts & Recreation Center Basketball Team Registration Form

(Please Print All Information CLEARLY)

Season: Summer _____ Polar _____ Spring _____

Team Name: _____

Jersey Color(s): _____

Manager's Name: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Assistant Manager's Name: _____

Address: _____ City: _____ Zip: _____

E-Mail Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Registration Fee: \$300 per Team Payable by Check or Cash

****Credit Card Payments are accepted but are subject to a 2.75% fee****

OFFICE USE ONLY

Date: _____ Amount: _____

Cash: \$ _____ Check #: _____

Payee Name: _____

Receipt #: _____