

FBBA Travel Basketball
Tryout Registration Form

Team/Age Bracket: _____

Assigned Number: _____

(Official Use Only)

Applicant's Last Name: _____ (please print)

Applicant's First Name: _____ (please print)

Date of Birth: ____ / ____ / ____ (mm/dd/yy)

Address: _____

(Street, City, State, Zip Code) **Must be eligible to attend an East Brunswick Public School**

Home Phone: _____ Alternate Phone: _____ (optional)

E-Mail Address (PRINT): _____

School Attending: _____

Parents/Guardians Full Names (PRINT): _____

Is a copy of the candidate's Birth Certificate Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Instructions: Please make sure each candidate submits a copy of his/her birth certificate before last tryout date.