

Dakota CC

Basketball Registration Form

Fall/Winter 11/12

Participant Information (Please Print) :

Name : _____

Birth Date (mmm dd yyyy): _____

School Currently Attending : _____

Sex : Male ___ Female ___

Parent/Guardian Information :

Father/Guardian Name: _____

Address : _____ Postal code : _____

Home Phone : _____ Cell phone _____

Email : _____

Mother/Guardian Name : _____

Address : _____ Postal code : _____

Home Phone : _____ Cell phone _____

Email : _____

Important Important Important Important Important Important

Please Read the following :

The Dakota CC basketball program is the largest program in the city. To run the program, we need to expand our volunteer base since we've become so successful ! We always need more **coaches** and **managers**. We need an **Equipment Manager** to handle our inventory of jerseys and basketballs. We also need coordinators to help phone to organize teams at the start of the season.

Please help ... other than the coaches, we're only talking about a few hours at the start of the season!

Would you be interested in volunteering for any of the following positions :

Coach : ___ Asst. Coach : ___ Help Phoning : ___ Team Mgr : ___ Equipment Mgr. : ___