

GEORGE SIM BASKETBALL LEAGUE ROSTER

	Name	Street Address	City	County	Zip	Day Phone	Home Phone
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

	Name	Address	City	County	Zip	Day Phone	Home Phone
Team Manager							
Alternate Contact							

Team Name

Night Playing

Division

Total Fees	Received By

E MAIL ADDRESS _____

Credit Card Payment:

Amount Paid: _____ Name (As it appears on card): _____

Charge Credit Card (Please highlight): VISA MASTERCARD

Credit Card #: _____

Card Expiration Date: ____/____ (mm/yy) 3 Digit Verification Code (Back of Card-Last 3 numbers): _____