New York Urban Professionals Basketball league 155 West 72nd Street* Suite 701* New York, NY 10023 Tel: (212) 877-3614 * Fax: (212) 721-2920

TEAM ENTRY FORM - WINTER 2017

TEAM NAME	Men's
	Women's
TEAM CAPTAIN	
CAPTAIN'S ADDRESS	
	ZIP
	Home
	Email
ALTERNATE CAPTAIN	
Telephone: Office	Home
<u>-</u>	Email
<u>PLAYERS</u>	
1	
2	
3	
4	
5	
6	
7	
8	
10 11	
12	
13	
14	
15	
A team may have as many no defaults, no less than 7. 8 to 10 everyone with enough playing time 2016. It will consist of 12 Games, Divisional Playoffs for the winners	as 15 players on its roster and to insure that there are players is probably the ideal amount to provide e. The season will begin the week of December 5th, 1 Rating Scrimmage, Divisional Playoffs and Inters of each Division. The entry fee is \$1,999 per teamourt, Scorekeeper and Referee Fees.
Dated:	
	Signature of Individual Entering Team

TEAM NAME:
1. Last time our team played was: (circle one) Fall '16(just ended) Summer '16, Spring '16, Winter '16 / Neither, New team
2. Our team name was:
3. Our record was :
4. Compared to our last team we are (check one) The same a little better a little worse much better much worse
5. Compared to our last team, I think our team belongs in (check one)
The same division
Up one divisionDown one divisionUp two divisionsDown two divisions Updivisionsdivisions
Updivisions Down divisions
6. Why?
7. Any <u>serious</u> scheduling problems? If so, please specify clearly below in a complete sentence: (be specific)
8. Are there any specific DATES that you can't make during the season due to Parties, Travel, Religious Holidays, etc. If so, please list the SPECIFIC DATES: