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 - SUMMER 2017

TEAM NAME				
	Men's	Women's	Men's Over 40	
TEAM CAPTAI	ν ν			
CAPTAIN'S AD	DRESS			
			ZIP	
		Home Email		
Fax:		Email_		
ALTERNATE C	APTAIN			
Telephone: Office _		Home		
Fax:		Email_		
DI AVEDO				
PLAYERS 1		9		
2				
3				
4				
5				
6				
7				
8				
			its roster and to insure that there	are
			bly the ideal amount to provide	arc
everyone with en		1 7 1	ory and resear series series to provide	
	_		a, 2017. It will consist of 8 Gam	
			ivisional Playoffs for the winner	
	•	\$1,349 per team and	d includes 10 T-shirts and all Co	urt,
Scorekeeper and	Referee rees.			
D . 1				
Dated:		Signature	of Individual Entering Team	
		Signatule (n marriada Linching I caill	

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1.	Last time our team played was: Spring '17 (just ended)
	Winter '17 Fall'16, Summer'16, New team
	(if you answered "New Team" go right to question 7)
2.	Our name was
3.	Our record was
4.	Compared to our last team we are:
	The same a little better a little worse much better much worse
5.	Compared to our last team, I think our team belongs in: The same division
	Up 1 division down 1 division
	Up 2 divisions down 2 divisions Updivisions down divisions
6.	Why?
	Any <u>serious</u> scheduling problems? If so, please specify below in complete sentence:
8.	Are there any specific DATES that you can't make during the sea