New York Urban Professionals Basketball League 459 Columbus Avenue* P.O. Box 50037* New York, NY 10024

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TEAM ENTRY FORM - FALL 2021

CAPTAIN'S ADDRESS	
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Telephone: Office	Home
Fax:	Email
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Telephone: Office	Home
Fax:	Email
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TE	EAM NAME:	
1.	Last time our team played was: (circle one) Winter '20, Fall '19, Summer '19, Spring 19 / Neither, New team	
2.	Our team name was	
3.	. Our record was	
4.	Compared to our last team we are (circle)	
	The same a little better a little worse	
	much better much worse	
5.	Compared to our last team, I think our team belongs in (circle one) The same division	
	Up one division down one division	
	Up two divisions down two divisions	
	Updivisions down divisions	
6.	Why?	
7.	Any <u>serious</u> scheduling problems? If so, please specify clearly below in a complete sentence: We	
8.	Are there any specific DATES that you can't make during the season due to parties, travel or Religious Holidays including Yom Kippur or Rosh Hashanah. If so, please list SPECIFIC DATES:	