



145 Pacific Ave. Winnipeg, Manitoba R3C 2Z6
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Team Registration Form

1. Team Name: _____

2 New Team Returning Team

3. Team Colours: _____ Reversible Jerseys? YES NO

4. Division Placement:

Division played in last season: I II III (circle one)

Division requesting to play this season: I II III (circle one)

(WWBL reserves the right to place teams in divisions other than that chosen by the team)

Please complete reverse side and provide reasoning if necessary.

5. Team's Representative (Manager) to the League (please fill out completely)

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone (H) _____ (C) _____

Email _____ Fax _____

6. Alternate Contact Person

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone (H) _____ (C) _____

Email _____ Fax _____

7. **Weeknight your team CANNOT play** (Only circle one)

(The Scheduler will make every effort to accommodate this)

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Reason: _____
