

## Team Registration Form

INSTRUCTIONS: All fields are required to register for the Summer Indoor 3 v 3 Basketball League. Return the filled out form with your team fee, player fees, and a signed official roster to the Meridian Parks and Recreation Office by: Wednesday, May 11th, 2022 at 5:00 p.m.

League Fees: (Includes 6 league games and a Single Elimination End of Season Tournament.)

Team Fees - \$50 per team

Meridian Resident Player Fee - \$10

Non-Resident Player Fee - \$20 Player fees are non-transferable from player to player

Games will be played first team to reach 21 points, win by 2. Points will be scored by 1's and 2's. This will be self-officiated. A site supervisor will be present for each game.

Games may be scheduled on Wednesday's at Homecourt.

Ways to Register: First complete the current registration form and current roster form. Once, paperwork is completed follow the below steps to complete and secure your team's spot in the league.

Phone-In - Call 208-888-3579 and pay over the phone with a credit card after emailing in both the completed registration form and roster form to recreation@meridiancity.org

Walk-In - Come into our office at 33 E. Broadway Ave., Suite 206, with a completed registration form and roster and pay in person with cash, check, or credit card.

Mail-In - Mail your completed registration form and roster with payment to 33 E. Broadway Ave., Suite 206, Meridian, ID 83642. (Must be received by the deadline and still have available spots open.)

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Team Name:_	1.8	///	( ) X
Team Manager:		Phone:	
Mailing Addres	SS:	3/1//	
City:		State:	Zip:
Email Address	:		
City I again a	od Diviniana planta d La	-t Cooper	
City League ar	ia Division played Las	st Season:	
Mer	idian:Div	rision:Team Win/Loss Record	
(	Other:Div	rision:Team Win/Loss Record	
Division desire	d this year:		
Mer	's Competitive:	Men's Recreational:	
Wor	men's Competitive:	Women's Recreational:	
Please give vo	our top two choices	: (Times are not guaranteed.)	
<b>3</b>	-	i 6:45 p.m 7:30 p.m 8:15 p.n	n. <u></u>
		Payment Method (Office Use (	Only)
Check:	Check #:_	Cash:	Credit Card:
Date paid:	Amount Dr	oid: City Pacaint Number:	Pacaiyad By: