



Fall League Admission Form

Team:

Event site/date:

Time of first game:

Name	Cell/phone	Email	Adult or Student
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
TOTAL NUMBER ATTENDING:		TOTAL OWED:	

Bring this completed with money to the host site and wristbands or stamps will be provided. Check can be written for entire amount to Kennedy Girls Basketball or has to be all CASH. \$8

adults, \$6 Students