



Membership Registration Form 2010 – 2011

Zone: _____

League/Club/Association: _____

Contact Information:

Name: _____

Address: _____ City/Town: _____

Postal Code: _____ Email: _____

Phone: Home _____ Work _____ Fax _____

of Teams: _____ X \$25 = \$ _____

of Coaches: _____ X \$10 = \$ _____

provide a list including name, gender address, phone #, email address (see form)

of Officials: _____ X \$10 = \$ _____

Ages: 0 – 12	Male: _____	Female: _____
13 – 18	Male: _____	Female: _____
19 – 54	Male: _____	Female: _____
55 +	Male: _____	Female: _____

provide a list including name, address, phone #, email address (see form)

of Players: _____ X \$1 = \$ _____

Ages: 0 – 12	Male: _____	Female: _____
13 – 18	Male: _____	Female: _____
19 – 54	Male: _____	Female: _____
55 +	Male: _____	Female: _____

provide a list including first & last name (see form)

of Executive & Staff: _____ X \$10 = \$ _____

provide a list including name, gender address, phone #, email address, (see form) Do not include executive that are also coaches.

Total Amount Paid: \$ _____

Complete the forms and send along with the membership payment to:

Basketball Saskatchewan
2205 Victoria Ave
Regina, SK S4P 0S4



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Schools that do not require liability or sport accident insurance.

Zone: _____

League/Club/Association: _____

Contact Information:

Name: _____

Address: _____ City/Town: _____

Postal Code: _____ Email: _____

Phone: Home _____ Work _____ Fax _____

of Teams: _____ X \$25 = \$ _____

of Coaches: _____ X \$8 = \$ _____

provide a list including name, gender address, phone #, email address (see form)

of Officials: _____ X \$8 = \$ _____

Ages: 0 – 12	Male: _____	Female: _____
13 – 18	Male: _____	Female: _____
19 – 54	Male: _____	Female: _____
55 +	Male: _____	Female: _____

provide a list including name, address, phone #, email address (see form)

of Players: _____

Ages: 0 – 12	Male: _____	Female: _____
13 – 18	Male: _____	Female: _____
19 – 54	Male: _____	Female: _____
55 +	Male: _____	Female: _____

provide a list including name, (see form)

Total Amount Paid: \$ _____

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