



# 2019 United States of America Deaf Basketball

National Tournament Registration Form **(NON REFUNDABLE)**

THIS IS A TWO PAGE FORM. BOTH PAGES ARE REQUIRED.

**PLEASE PRINT CLEARLY**

Rev. 10/2018

Mail this TWO PAGE form to correct address by the deadline listed in Basic Registration Guidelines

Team Name:		Men <input type="checkbox"/>	Region:	Participating in National?	
		Women <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coach:	Address:			State:	VP:
Email:	City:			Zip:	Fax:

Instructions:

➤ For the **Type** column, enter **P** = Player; **A** = Free Agent **C** = Coach; **AC** = Assistant Coach; **M** = Manager; or **S** = Statistician.

	Last	First	M.I.	Uniform #	Ht	Type: P, A, C, AC, M or S	Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

As coach of my team, I agree to follow the Regional and USADB Bylaws: \_\_\_\_\_ Date: \_\_\_\_\_



# 2019 United States of America Deaf Basketball

National Tournament Registration Form

THIS IS A TWO PAGE FORM. BOTH PAGES ARE REQUIRED.

PLEASE PRINT CLEARLY

Team Name:	Men <input type="checkbox"/>	Women <input type="checkbox"/>	Region:
------------	------------------------------	--------------------------------	---------

	Last, First	DOB	City	St	Email
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					