

# FBBA Travel Basketball Tryout Registration Form

**Team/Age Bracket:** \_\_\_\_\_

**Assigned Number:** \_\_\_\_\_

(Official Use Only)

Applicant's Last Name: \_\_\_\_\_ (please print)

Applicant's First Name: \_\_\_\_\_ (please print)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy)

Address: \_\_\_\_\_

(Street, City, State, Zip Code) **Must be eligible to attend an East Brunswick Public School**

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ (optional)

E-Mail Address (PRINT): \_\_\_\_\_

School Attending: \_\_\_\_\_

Parents/Guardians Full Names (PRINT): \_\_\_\_\_

Is a copy of the candidate's Birth Certificate Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Instructions: Please make sure each candidate submits a copy of his/her birth certificate before last tryout date.