



Saint Lucia Basketball Federation



2020 COMMERCIAL LEAGUE REGISTRATION FORM

Company's Name: _____

Team Name: _____

Company Manager responsible for team: _____ Tel: _____

Contact Email address: _____

Team Manager: _____ Team Coach: _____

PLAYERS

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | |

****A minimum of eight (8) players must be registered with a maximum of fifteen (15).**

UNIFORM COLOUR

1. Shirt: _____ Shorts: _____

2. Shirt: _____ Shorts: _____

***Please make cheques payable to the St. Lucia Basketball Federation
This form, when completed can be mailed to P. O. Box 1731, Castries, or emailed to
stluciabasketball@gmail.com OR assistantsecretary@stluciabasketball.com . Thank you
for your cooperation.***

TOTAL registration AMOUNT IS \$820.00. Forms should be submitted no later than JUNE 30th. Late registration fees is \$950.00. ALL FEES ARE TO BE PAID PRIOR TO TOURNAMENT, NO EXCEPTIONS WILL BE MADE. ALL OUTSTANDING FEES MUST ALSO BE PAID IN FULL PRIOR TO 2020 TOURNAMENT.

Participation Agreement:

I/We as a team have read and agree to abide by the Rules & Regulations that govern your basketball tournament. I/We fully understand and agree that the tournament officials and volunteers will not tolerate any verbally abusive language and or physical threats. I/We also understand that the tournament organizers and the facilities are not responsible for any injuries or accidents incurred during the tournament, or for lost and damaged items. I/We waive any and all liability against the Tournament Director, tournament staff, trainers, volunteers, sponsors and the owners and operators of any facility utilized by the tournament. As coach of this team, I affix my signature as verification to the preceding statement.

Head Coach/Manager Signature: _____

Tournament Name: _____ Date: _____