

	-	Form	Serial	No:	
--	---	------	--------	-----	--

Registration No:

## PLAYER REGISTRATION FORM

PLEASE WRITE LEGIBLY IN ENGLISH AND ALL CAPITALS

Given/First NAME:	Affix Photograph here						
Middle NAME:							
Family/Last NAME:							
Date of Birth (DOB):							
Current School/Colle							
	der: M/F						
Height (Cm):	Weight (Kg):	Kit Size:	Shoe Size:				
Years of Basketball Playir	Position (PG, S	8G, G, SF, PF, F, C):					
Home Address:							
	City/State:						
Pincode:							
Email ID:							
Contact No: 0832 -							
Emergency Contact I	<sup>D</sup> erson:	Relationship	Relationship:				
Emergency Contact No:							
Father's Name:		Mother's Name:					
Club Rep Signature:		Club Name:					