

Bishop McHugh Instructional Basketball League

Registration Form

Participant's Information

First Name: _____

Last Name: _____

Shirt Size: _____

Age: _____

DOB: _____

Gender: _____

School: _____

Grade: _____

Parent/Guardian/Emergency Contact Information:

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Cell Phone: _____

Home Phone: _____

E-Mail: _____