

# SOUTHWESTERN OHIO BASKETBALL LEAGUE

**ORGANIZATION NAME** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

## ***TEAMS ENTERING:***

<b>GRADE</b>	<b>BOYS or GIRLS</b>	<b>ATHLETIC, OPEN REC, or COMMUNITY REC</b>	<b>COACH</b>	<b>PH. NUMBER</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____

**DO YOU HAVE A HOME GYM?** \_\_\_\_\_

**IF YES, NAME OF GYM** \_\_\_\_\_

**GYM ADDRESS** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**DIRECTIONS TO GYM** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU NEED THE LEAGUE TO ASSIGN OFFICIALS FOR YOU?** \_\_\_\_\_