

TEAM ROSTER AND RULES

- Max 10 players per team.
- Team Fee: \$550
Individual Fee: \$90 (includes complimentary jersey)
Returning Individual Fee: \$75
- Each team will receive 7 games and single elimination playoff.
- Each game will consist of two 24 minute halves. The halves will run back to back with a 2 minute break in-between. Clock is running time.
- All players must have matching colored shirts with numbers
- All players must be at least 18 years of age
- All players must print and complete the participant waiver, this can be found online at www.spokanebasketball.com
- The HOME TEAM must provide the game ball and a scorekeeper
- At least four players may start a game and end a game, less than four players will be considered a forfeit, unless opposing team agrees to play 3-on-3.
- Substitution are only allowed at dead balls, let the official know
- No jewelry, metal, rings, earrings, etc. may be worn during the game
- All players must read the game rules online at www.spokanebasketball.com, prior to participating

BASKETBALL

Sign up Now!

Contact Us

Email: info@spokanebasketball.com

Phone: 509-443-4266

Mailing Address

PO Box 1046
Spokane WA 99210

Office Location

500 S. Stone
Spokane WA 99202

QUESTIONS??

E-mail: info@spokanebasketball.com

Phone: 509-443-4266



Year-Round Adult
BASKETBALL

For session start dates, online registration, or for more information visit us online at

WWW.SPOKANEbasketball.COM



GOT GAME??



QUESTIONS??

E-mail: info@spokanebasketball.com

Phone: 509-443-4266

REGISTRATION

TEAM NAME: _____

DIVISION: Desire for good competition
 Desire for strong competition

CAPTAIN (1): _____ Age: ____

Experience: _____ Height: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY, STATE _____

ZIP: _____

CAPTAIN (2): _____ Age: ____

Experience: _____ Height: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY, STATE _____

ZIP: _____

Player Name: _____ Age: ____

Experience: _____ Height: _____

Email: _____

Player Name: _____ Age: ____

Experience: _____ Height: _____

Email: _____

Player Name: _____ Age: ____

Experience: _____ Height: _____

Email: _____

Player Name: _____ Age: ____

Experience: _____ Height: _____

Email: _____

Player Name: _____ Age: ____

Experience: _____ Height: _____

Email: _____

Player Name: _____ Age: ____

Experience: _____ Height: _____

Email: _____

Player Name: _____ Age: ____

Experience: _____ Height: _____

Email: _____

Player Name: _____ Age: ____

Experience: _____ Height: _____

Email: _____

Sportsmanship Pledge

I realize that I am responsible for my own actions as well as the actions and conduct of my team. I agree to present myself and represent my team in a sportsmanlike manner. In the event I fail to do so I understand that I, my teammates and our fans may be ejected from the game, the remainder of the league, or from participating in Spokane Basketball in the future. I realize that my team and I will receive no refunds.

I understand that it is my responsibility to pay the full payment for my team, or if signing up as an individual, at or before the first game of the session.

Team Captains Signature

QUESTIONS??

E-mail: info@spokanebasketball.com

Phone: 509-443-4266

Form of Payment

TEAM SPONSOR: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

Type of Payment

Check or money order Visa MasterCard

(Make check and money orders out to
Spokane Basketball)

Credit Card Information

If paying by credit card please enter your information below (remember there is a \$10 processing fee for all debit/credit card payments). It is the team captain's responsibility to collect payment from their teammates.

Credit Card No.: _____

Name on Card: _____

Billing Address: _____

City, State: _____ Zip: _____

Expiration Date: _____ CSC _____

Amount to Process: _____

Card Holder Signature: _____

Credit Card payments will be processed upon receipt of registration. No refunds will be given after registration has been submitted to Spokane Basketball. A deposit of \$150 is due at the time of registration. The remaining balance is due at the first game. If full payment is not received at the first game there will be a \$10 late charge after each game until payment is received in full.

Make all check and money orders payable to Spokane Basketball . All returned checks will be charged a \$25 processing fee.

In order for all participants listed to participate in this league all players must download and sign the "Player Release Waiver," and bring to the first game of the session.