



HCYP BASKETBALL TRAVEL & MIDDLE SCHOOL

TEAM REGISTRATION DEPOSIT FORM

Girls or Boys: _____ Date: _____
 Travel/Varsity/JV: _____
 School or Grade: _____
 Head Coach: _____
 Signature: _____

HCYP Basketball Admin Use Only
Approved By: _____
Date: _____
Players: _____
(Note if PAF does not apply to any.)

<i>Payment Issuer</i>	<i>Player Name</i>	<i>Check # (No Cash)</i>	<i>Amount</i>
1.			
2.			
3.			
4.			
6.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
(Attach a copy of each check or money order.)			TOTAL DEPOSIT SUBMITTED
			<i>Number of Players</i>

HCYP Basketball Approval
 Travel- Middle School Commissioner

_____ Name

_____ Signature