



SMYRNA STARS



SMYRNA STARS 2008 REGISTRATION FORM

PLAYER INFORMATION:

Last Name: _____ First Name: _____

Date of Birth: _____ Age as of September 1, 2008: _____

Grade: _____ School: _____ Home Phone: _____

Uniform Size: _____ Jersey # _____ Shoe size: _____

Height _____ Weight _____

PARENT INFORMATION

Mother's Name: _____

Work Number: _____

Cell Phone: _____

Email Address: _____

Father's Name: _____

Work Number: _____

Cell Phone: _____

Email Address: _____

Mailing Address: _____
Street City, State Zip Code

Email Address: _____

Parent's Signature: _____

Player's Signature: _____

FOR INTERNAL USE:
AAU NUMBER

Smyrna Basketball Club, Inc.

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