



**Greek Orthodox Metropolis of Chicago  
Western Region Family Basketball  
2010 Tournament**

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**Team Registration Form**

**Deadline is January 1st, 2010**

Name of Parish \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Team Division:** Men's YAL Women's YAL Boys GOYA Girls GOYA JOY co-ed team (scrimmages)

Name of Coach(es): \_\_\_\_\_

Coach's Address: \_\_\_\_\_

Address \_\_\_\_\_ City/ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Team Roster**

(Please print clearly!!)

Name	Age	Name	Age
1. _____	_____	8. _____	_____
2. _____	_____	9. _____	_____
3. _____	_____	10. _____	_____
4. _____	_____	11. _____	_____
5. _____	_____	12. _____	_____
6. _____	_____	13. _____	_____
7. _____	_____	14. _____	_____

**Clergy Approval:** As the parish priest of the above community: I acknowledge that all the players on this roster are Chrismated or Baptized Orthodox Christians and, if over 18, are members in good standing of our parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form to the above address with your team registration check of **\$225.00** made out to:  
**Western Region Family Basketball Tournament. Please mail to address above.**