

NAA NEIGHBORHOOD ATHLETIC ASSOCIATION

SLAM DUNK HOOPS

www.recleagues.com



TEAM REGISTRATION

Team Name: _____

Captain: _____

Home#: _____

Work#: _____

E-Mail: _____

Roster:

1 _____	5 _____	9 _____
2 _____	6 _____	10 _____
3 _____	7 _____	11 _____
4 _____	8 _____	12 _____

All team rosters must include a **minimum of 6 players** (maximum of 12)

INDIVIDUAL REGISTRATION

Player Name: _____

Home#: _____

Work#: _____

E-Mail: _____

Position(s): _____

REGISTRATION FEES

Regular Season

(\$500/Team; \$50/Individual)

Double Elimination Tournament

(\$250/Team; \$25/Individual)

Please enclose a check or money order for tournament or 10 week season, including playoffs, referees, awards dinner and team/MVP awards.

Method of Payment:

Personal/Company Check

Cashiers Check/Money Order

AMEX DISC VISA MC

Make checks payable to:

NAA, Inc.

PO Box 31524

Alexandria, VA 22310

Information Line: 703-851-3332

Credit Card Fax: 703-960-2299

Name on Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

PLAYER AGREEMENT - PLEASE READ CAREFULLY: In registering for this league or tournament, I agree that NAA, Inc., its agents, officers, and employees are not liable for injuries or damages that may occur to person or property. Furthermore, by playing in this league or tournament, I will assume all risks and agree not to bring any legal action against NAA, Inc., its agents, officers, and employees. No refunds will be issued after ten days following registration deadline. By submitting/signing this form, I agree to all of the above terms and conditions.

SIGNATURE REQUIRED: _____

DATE: _____