

RocHoops @ Ryan R-Center Team Registration Form

TUESDAY NIGHTS

W I N T E R (January – March 2020)

Team Name: _____

Manager Name: _____

Manager Address: _____

City: _____ State: _____ Zip: _____

Manager Phone: _____ Email Address: _____

Asst. Manager Name: _____ Asst. Manager Phone: _____

Asst. Manager Email: _____

Skill Level (*circle one*): _____

****Please indicate level of play so we can do our best to assign well-balanced leagues****

Please Make Check Payable to:

City Treasurer
131 Elmwood Ave.
Rochester, NY 14611
585-428-7888

If Mailing please write
Attention: Mike Corey, GVP Sports Complex

Check, Money Order, and Credit Card Only!

Registration form REQUIRED with payment

2020 WINTER League Fee Info:

8-Week session
\$600 per team

“First come, first serve”

For more information:

- Email: rocportsny@yahoo.com
- Phone/Text:
Pat (585) 455-7827
Jim (585) 278-0654
- Website: www.rocportsny.com

Office Use ONLY:

Batch # _____ CR # _____ MR# _____

Amount: _____ Paid By: _____

