

CHARLESTON CHURCH RECREATION ASSOCIATION
2017-18 BASKETBALL ENTRY FORM

Church Name _____

Address _____

Clergy Name _____ Phone _____ E-mail _____

CCRA Representative _____

Representative E-mail _____

Phone: Home _____ Work _____ Cell _____

Number of Members in Each Division

Boys Division

Girls Division

Elementary (Gr. 3-5) _____

Elementary (Gr. 3-5) _____

Instructional

Middle School (Gr. 6-8) _____

Middle School (Gr. 6-8) _____

(Gr. K-2)

High School (Gr. 9-12) _____

High School (Gr. 9-12) _____

(Divisions with less than eight players will be combined with another church.)

ENTRY FORM DEADLINE IS: October 30, 2017

Due to church activities we cannot play on the following days: _____

The CCRA may schedule games in our gym on these nights: _____

We understand that all fees are payable to the league before February 1, 2018. Failure to pay fees will result in forfeiture of all games after February 1st until fees are paid. We further understand that the registration deadlines will be enforced. Any team deletions after the deadline, will result in a \$50.00 penalty per team.

Clergy Signature: _____ Date: _____

Representative Signature: _____ Date: _____

Please Mail To: Steve Joseph
PO Box 4505
Charleston, WV 25364-4505

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Fax : 304-346-4999
E-mail: ccrabbal@aol.com