

Columbus Foundation For Youth

Men's 35 & Over Basketball Registration

COST: \$60.00 per participant*

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

Height: _____ Weight _____

AGE: _____

PLAYER RATING: (circle one) **A** **B** **C** **D**

T-shirt size _____

*** Includes team t-shirt**