



FILIPINO-VICTORIAN BASKETBALL LEAGUE

Victoria, BC

Team Registration Form

Name of Team: _____

Team Organizer/Coach

First Name: _____ Last Name: _____

Email address: _____

Contact Phone: _____ Mobile: _____

Team Roster (Include team organizer/coach, if applicable)

Player's Name (First name last name)	Age	Jersey Number

Signature of Team Organizer / Coach: _____ Date _____