

**Lexington Leisure Center
Men's Basketball League Registration**

Team Name: _____ **Jersey Color:** _____

Contact Person: _____

Address: _____ **City:** _____ **Zip:** _____

Home/Cell Phone: _____ **Work/Other:** _____

Roster: *(Please note: players may be asked to show picture id at games)*

Name:

Phone:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

Please note any special requests below:

All Rosters must be completed and \$ turned in prior to the start of your first game