



2020-21 Player Information Form

TODAY'S DATE: _____

Player's Name: _____ Age: _____ DOB: _____

Gender () Male () Female School: _____ Grade: _____

Address: _____

City: _____ Zip Code: _____ Jersey Sz.: _____ Short Sz.: _____ No.: _____

Mother's Name: _____ Cell No.: _____

Email: _____

Father's Name: _____ Cell No.: _____

Email: _____

For BGCTM Office Use Only

Ballers Fee: () \$300 () \$175 Sibling discount () Other _____

BGCTM Membership Form Received: () Yes () No

BGCTM \$20 Annual Membership Fee: () Paid () Previously Paid

Total Amount Received: \$ _____ () Cash () Check _____ () Credit Card _____

Other Amount/Notes: _____

Received By: _____