## Monroe Sports Center/Central Jersey Basketball **Independent Team Information Form - Spring 2019 Season**

Team N	eam Name:								Coach:								Coach Email:															
Team Organizer:									Phon							ie: _	e: Email:_						l:									
	Number of Practices (reg season is 14 weeks long (full court: \$90/hr, half court: \$55/hr)												g)			Number of MJBL Games										90)						
	Tournaments																															
Invoice players individually (Y or N) Include Coach Pay in invoices (Y or N): Coach Rate/Hr: If no, who should invoice be sent to															r:																	
Practices: Day of Week Time Half or Full Court Location If your team practices vary from week to week, please list the practice dates below:																																
Practice Dates (based on availability):																																
Additional Comments:																																
	March						April												May					June								
	Su	Мо	Tu	We	Th	_	Sa							Fr			Su								Su	Мо	Tu	We	Th	Fr	_	
	2	1	5	6	7	1								5			5			1 g					2	3	1	5	6	7	1 8	
							16							19		l	12											12			<b> </b>	
	17	18	19	20	21	22	23		21	22	23	24	25	26	27		19	20	21	22	23	24	25		16	17	18	19	20	21	22	
		25	26	27	28	29	30		28	29	30						26	27	28	29	30	31				24	25	26	27	28	29	
-	31							L																	30							

## Roster

Uni #	Player Name	Birth Date	Grade	Phone	Email	

Please submit FULLY COMPLETED form to <a href="mailto:basketball@monroeportscenter.com">basketball@monroeportscenter.com</a> or to the desk at MSC or CJB

