

B.E.S.S. BBALL TEAM SIGNUP SHEET
FALL 2024-25(Session #1) TEAMS

TEAM NAME: _____

DIVISION(Circle one of each): COED OR MENS

MENS – CBA/NCAA/DIV II/DIV III

COED - COMP OR REC

TEAM CAPTAIN: _____

PHONE #(S): _____

EMAIL: _____

ASSISTANT CAPTAIN: _____

PHONE #(S): _____

EMAIL: _____

DAYS PREFERRED:

WEEKDAY(**PICK THREE**) -

MON TUE WED THU FRI

TIME PREFERENCE(**PICK THREE**) -

6PM 7PM 8PM 9PM

ANY CAN'T PLAY DATES?: _____

COMMENTS: _____

Commissioner: Pete Benson – (518)269-1293 or pb7171@yahoo.com