BASKETBALL CHECKLIST

Name of Team: _____ Men ___Women ___

Name of Team Representative (for Delegates Meeting): _____

USADB

□ **USADB Membership Fee $20.00 x _____ = $_____**
(Put the EXACT number of people that have signed on the USADB registration form.)

CBAD

□ **Team Membership Fee $25.00**

□ **CBAD Team Entry Fee $25.00**

□ **CBAD Player Registration Fee $20.00 x _____ = $_____**
(Put the EXACT number of people that have signed on the USADB registration form.)

Make a check payable to CBAD for this total: $_____

□ **CBAD Forfeit Fee $100.00**
(*Please make a separate check for this forfeit fee, payable to CBAD.)*

Mail all the forms and checks:

1) **CBAD Basketball Checklist**
2) **CBAD Team Registration Form**
3) **USADB Team Registration Form**
4) **2 Checks for Total Fees and Forfeit Fee**

Please mail these forms and checks to:

Michelle Mendiola
10700 S. Artesian
Chicago, IL 60655

*****DEADLINE: January 16, 2011*****