



**Michigan Magic**  
**Basketball**

## PLAYER REGISTRATION INFORMATION

**PLAYER NAME:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**PARENT EMAIL:** \_\_\_\_\_

**PARENT PHONE NUMBER:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**PARENT EMAIL:** \_\_\_\_\_

**PARENT PHONE NUMBER:** \_\_\_\_\_

*Email completed form to [bds3d@sbcglobal.net](mailto:bds3d@sbcglobal.net) or bring to tryout.*