

# Nickelodeon Sports Foundation, Inc.

111 East 14<sup>th</sup> Street – PMB 149 – New York, New York 10003 – 917-418-6919 – IronManNSF@yahoo.com

<b>YOUTH SKILLS BASKETBALL LEAGUE</b>						
Team Name:			Age Group: [12U] [14U]		<b>Primary Location:</b> <b>Alfred E. Smith Recreation Center</b> 80 Catherine Street New York, New York  \$300.00 Per Team \$25 Per Game – Referee Fees	
Head Coach:						
Street Address:						
City:		State:	Zip:			
Home Phone:		Mobil Phone:				
Email Address:						
Player age must not exceed the group description for the entire length of the regular season.						
<b>TEAM ROSTER</b>						
<b>1</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>2</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>3</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>4</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>5</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>6</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>7</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>8</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>9</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>10</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>11</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>12</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>13</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>14</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]
<b>15</b>	First Name	Last Name	Date of Birth	Age:	Grade	Proof of Age Provided [BC], [School ID], [Other]

Please print and return with your payment.  
 Mail to: Nickelodeon Sports Foundation  
 111 East 14 Street – PMB 149  
 New York, New York 10003

or use our online payment system at <http://ironmanbasketball.com/ysbl.html>