2019-2020 COBA Winter Travel League Entry Form
centralohiobasketball.com

SELECT GENDER (CIRCLE ONE): GIRLS  BOYS

PLEASE CIRCLE THE APPLICABLE GRADE AND DIVISIONS:

School Team League (circle one)-  Division I  Division II  Division III
Non-School league (Combined) Team (circle one)-  Elite  Division II  Division III

3rd Grade  4th Grade  5th Grade  6th Grade

PLEASE PRINT VERY CLEARLY THE FOLLOWING:

TEAM NAME __________________________________________________________

COACH'S NAME

E MAIL ADDRESS

HOME PHONE #

CELL PHONE #

ADDRESS

School District or Program Representing

ASST. COACH NAME

E MAIL ADDRESS

ASST. COACH PHONE #

CELL PHONE #

Home Game Day (circle)  S M T W TH F S  Time  Site

DO YOU PLAN ON PARTICIPATING IN THE COBA PREVIEW?  YES or NO

$350 Entry Fee, Includes Tournament and Preview.
$335 Entry Fee, Includes Tournament
$285 Entry Fee, League Only
(Deadline October 15th 2019) Add $25 Late Fee after 10-15. Registration will not be complete without payment.

Make check payable to: Central Ohio Basketball

Mail to:
COBA
88 W. Winter St
DELTAWARE, OHIO 43015
614-588-2447 or 740-272-7686
centralohiobasketball.com
e-mail- info@centralohiobasketball.com
# Central Ohio Basketball Registration Form

**Circle One:** 3rd Grade  4th Grade  5th Grade  6th Grade

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Gender</th>
<th>TEAM NAME</th>
<th>School</th>
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<tbody>
<tr>
<td>or Non School Team</td>
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**There will be no additions to entry form after the start of your first game.**

**There can only be a maximum of 15 athletes per team.**

<table>
<thead>
<tr>
<th>List Players in Alphabetical Order</th>
<th>Last Name</th>
<th>First Name</th>
<th>Grade</th>
<th>Jersey #</th>
<th>Complete Address</th>
<th>School</th>
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*Must List Two Adult (18 or Over) Coaches Per Team In signing this document, I verify that as an athlete/coach and that in consideration of your accepting my entry, I, intending to be legally bound, and my heirs and administrators hereby waive and release any and all claims and rights that I may have against CENTRAL OHIO BASKETBALL, THE LEAGUE ORGANIZATION, the owner/lessor/operators of the facilities, and their representatives for any and all injuries or losses suffered by me at said games.

*Signature of Head Coach*  

*Signature of Assistant Coach*

**Print Name of Head Coach**  

**Print Name of Assistant Coach**

**Print Address, City, State, Zip**  

**Print Address, City, State, Zip**

**Home Phone  Cell**  

**Home Phone  Cell**

**Work Phone  Email**  

**Work Phone  Email**