

**High School** \_\_\_\_\_ **County** \_\_\_\_\_

### COACHES PROFILE FORM

COACH'S NAME \_\_\_\_\_

I WILL VOLUNTEER TO COACH IN THE NEOBCA ALL STAR GAME (Please Circle) **YES**

CELL (preferably) or HOME TELEPHONE \_\_\_\_\_  
AREA CODE NUMBER

EMAIL ADDRESS \_\_\_\_\_

### PLAYER #1 PROFILE FORM

NAME \_\_\_\_\_  
Last First POSITION

HOME STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL (preferably) or HOME TELEPHONE \_\_\_\_\_  
AREA CODE NUMBER

EMAIL ADDRESS \_\_\_\_\_ M L XL XXL  
T-Shirt Size

### PLAYER #2 PROFILE FORM

NAME \_\_\_\_\_  
Last First POSITION

HOME STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL (preferably) or HOME TELEPHONE \_\_\_\_\_  
AREA CODE NUMBER

EMAIL ADDRESS \_\_\_\_\_ M L XL XXL  
T-Shirt Size

**If you are paying by check, please write your check for \$107.00 made payable to: Tribe/NEOBCA ALL-Star Game. Or you may pay by credit card. If you choose to pay by credit card, you will be charged an additional \$3.00 transaction fee for a total fee of \$110.00**

**Credit Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration** \_\_\_\_\_ / \_\_\_\_\_

**Send this form To: NEOBCA All-Star Game, 9155 Old Meadow Drive, Chagrin Falls, OH 44023 – When we receive this registration and payment we will notify the head coach by email.**