

**Please complete form to register your child with the Texas Tigers Basketball organization.**



Childs name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent's name \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Receive texting: yes \_\_\_ no \_\_\_

Parent's name \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Receive texting: yes \_\_\_ no \_\_\_