



## Adult Basketball League Player Draft Form

**Full Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Have you played basketball?**     YES     NO

**If yes what position did you play:**

\_\_\_\_\_

**What other sports have you played?**

\_\_\_\_\_

**How would you rate your level play? (A-Very good, B-Good, C- Okay, D-Beginner)**

\_\_\_\_\_

**Player Request (Each player can request to be on the same team with one other player). BGC Kawarthas staff will do their best to accommodate request, however it is not guaranteed)**