



ART KRUGER'S
NATIONAL DEAF BASKETBALL ORGANIZATION

2019 Regional Affiliation Form
(Please PRINT the names of the officers at your regional)

Regional's Name: _____

President's Name and Email Address: _____

Vice President's Name and Email Address: _____

Treasurer's Name and Email Address: _____

Secretary's Name and Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

*** DEADLINE: By December 31st, 2018 ***