

Registration Form

Date: _____

Name: _____

Age: _____ Grade: _____ Gender: _____

Phone: _____

Email: _____

Check the Appropriate Service(s)

Basketball Clinic _____ Tournament Games _____

Basketball Camp _____ Small Group Training _____

Tournament Games _____

Check the Location and Time of After School Basketball Clinics

_____ Francis Scott Key Middle School, Mondays 6-8pm

_____ Fairland Elementary School, Wednesdays 4:30-5:30pm

_____ Cloverly Elementary School, Thursdays 4-5pm

_____ Cannon Road Elementary School, Fridays, 4:30-5:30pm

Please complete this form and return to Coach Cliff.