

Youth Basketball Registration Form

Boy: _____ **Girl:** _____ **Grade:** _____

Participant Name: _____

Address: _____

Home Phone: _____

Parent E-Mail Address: _____

Father's Name/Cell Phone: _____

Mother's Name/Cell Phone: _____

Emergency Contact (Name/Phone): _____

Parish: _____

School: _____

Uniform Shirt Size:	Youth: S M L XL	Adult: S M L XL
Uniform Short Size:	Youth: S M L XL	Adult: S M L XL

Fee to Participate is **\$80.00**. (Checks Payable to SJB)

Registration Forms and Fees must be returned to the Elementary or Middle School Office by **Thursday, November 2, 2006**.

If necessary, Saturday, November 4th and Sunday, November 5th will be assessment/team selection days.

Registrations will ***NOT*** be accepted once team selection has been completed.

Absolutely **NO REFUNDS** will be given once your child has participated in the assessment and is placed on a team.

If you have any questions or wish to volunteer, please call John Moran at 984-7107.

Office use only:

Fees Paid: Date: Check: _____ Cash: _____