

HOME COURT

PRESIDENTS WEEK BASKETBALL CAMP 2020

NAME OF PLAYER _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

tel: home _____ cell _____

e-mail: _____

age _____ date of birth _____ sex _____ grade _____ school _____

Name of Parents/Guardians:

1. _____ daytime tel: _____

2. _____ daytime tel: _____

Emergency contact: (if different from above)

ENROLLMENT IS LIMITED! Questions or concerns? Contact us at shwsbasketball@gmail.com

Mail or Drop off form and payment payable to: Safe Haven West Side Basketball League
c/o Copy Experts, Box 257, at 2440 Broadway (90th Street), New York, NY 10024

Register online: www.safehavenhoops.org **Starting February 1.**

TUESDAY, FEBRUARY 18 _____

WEDNESDAY, FEBRUARY 19 _____

THURSDAY, FEBRUARY 20 _____

FRIDAY, FEBRUARY 21 _____

Payment RECEIVED BY FEBRUARY 13 4 days \$160; single days \$50 per day

Payment RECEIVED AFTER FEBRUARY 13 4 days \$185; single days \$55 per day

Make checks payable to *Safe Haven West Side Basketball League*

Enclosed is my check in the amount of _____.

Parent/guardian signature _____