Safe Haven West Side Basketball League Pre-Season Fall 2022 Program.

| NAME OF PLAYER | | | | | |
|---|----------------|-----------------|-----------------|------------------|------------|
| ADDRESS | | | | APT | |
| CITYSTAT | EZI | P CODE | | | |
| AgeDate of birth | | Grade | School _ | | _ |
| Parent Cellphone # | | | | | |
| Parent E-mail: | | | | | |
| Name of Parents/Guardians: | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| Emergency contact: (if differen | nt from abov | e) | | | |
| Cellphone# | | | | | |
| ENROLLMENT IS LIMITED! Q | uestions or co | oncerns? Conta | ct us at shwsba | sketball@gmail.c | <u>com</u> |
| <i>Mail or Drop off</i> form and payme c/o Copy Experts, Box 257, at 24: | | | | | |
| Website: www.safehavenhoops. | net Online | registration st | arts Septembe | er 22 | |
| SEVEN SESSION PACKAG | E: | | | | |
| Payment received by September 30: \$210 Payment received after September 30: \$245 | | | | | |
| Single Session: (circle date) | \$45 | | | | |
| Oct. 8 Oct. 15 | Oct. 22 | Oct. 29 | Nov. 5 | Nov. 12 | Nov. 19 |
| Enclosed is my check in the an (Make checks payable to Safe H | | de Basketball | League) | | |
| Parent/guardian signature | | | | | |