Safe Haven West Side Basketball League FALL SUNDAYS BASKETBALL PROGRAM 2023

NAME OF	PLAYER					
ADDRESSAPT						_
CITY	ST.	ATEZ	ZIP CODE			
Age	_Date of birth		Grade _	School _		_
Parent Cell	phone #					
Parent E-m	ail:					
Name of Pa	arents/Guardians	:				
1						
2						
Emergency	contact: (if diffe	erent from abo	ove)			
Cellphone#	£					
<i>Mail or Dro</i> с/о Сору Ех	ENT IS LIMITED p off form and pay perts, Box 257, at ww.safehavenhoo	yment payable 2424 Broadwa	to: Safe Haven V	West Side Baske	tball League	<u>com</u>
SIX- SESS	SION PACKAG	E:				
Payment received by October 5:\$180						
Payment received after October 5:				10		
Single Ses	sions: (circle da	tes)	\$	45		
Oct. 15	Oct. 22	Oct. 29	Nov. 5	Nov. 12	Nov. 19	
Program: (circle choice) Basketball			Basics Beyond the Ba		e Basics	Peak Performance
	s my check in the ks payable to <i>Saj</i>		Side Basketball	League)		
Parent/guar	rdian signature					