

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

PRESIDENTS WEEK BASKETBALL MINI-CAMP 2024

NAME OF PLAYER _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

tel: home _____ cell _____

e-mail: _____

age _____ date of birth _____ gender _____ 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, 2424 Broadway, Box 257 (89th Street), New York, NY 10024

Register online: www.safehavenhoops.net **starting February 9.**

TUESDAY, FEBRUARY 20 _____

WEDNESDAY, FEBRUARY 21 _____

THURSDAY, FEBRUARY 22 _____

Payment **RECEIVED BY FEBRUARY 14** 3 days \$150; single days \$60 per day

Payment **RECEIVED AFTER FEBRUARY 14** 3 days \$165; single days \$65 per day

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

Enclosed is my check in the amount of _____.

Parent/guardian signature _____