

Safe Haven West Side Basketball League
SPRING SUNDAYS BASKETBALL PROGRAM 2024

NAME OF PLAYER _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

Age _____ Date of birth _____ Grade _____ School _____

Parent Cellphone # _____

Parent Email: _____

Name of Parents/Guardians:

1. _____

2. _____

Emergency contact: (if different from above) _____

Cellphone# _____

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 2424 Broadway (89th Street), New York, NY 10024.

Website: www.safehavenhoops.net

SEVEN SESSION PACKAGE:

Payment received by April 10: \$210

Payment received after April 10: \$245

Single Sessions: (circle dates) \$45

Apr. 14 Apr. 21 Apr. 28 May 5 May 12 May 19
June 2 June 9

Enclosed is my check in the amount of _____
(Make checks payable to *Safe Haven West Side Basketball League*)

Parent/guardian signature _____