

Safe Haven West Side Basketball League

SPRING BREAK BASKETBALL MINI-CAMP 2025

NAME OF
PLAYER _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

Cell: _____

Email: _____

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? Contact us at shwsbasketball@gmail.com

Mail or Drop off form & 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 April 5th..

Monday, April 14 _____

Tuesday, April 15 _____

Wednesday, April 16 _____

Thursday, April 17 _____

Payment **RECEIVED BY APRIL 11:** 4 days \$185; single days \$60 per day

Payment **RECEIVED AFTER APRIL 11:** 4 days \$225; single days \$65 per day

Enclosed is my check in the amount of _____.

Parent/guardian signature _____