

Safe Haven West Side Basketball League
FALL SUNDAYS BASKETBALL PROGRAM 2025

NAME OF PLAYER _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

Age _____ Date of birth _____ Grade _____ School _____

Parent Cellphone # _____

Parent E-mail: _____

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 (includes one free bonus/makeup session)

Payment received by September 28: \$200

Payment received after September 28: \$240

Single Sessions: (circle dates) \$50

Oct. 5 Oct. 12 Oct. 19 Oct. 26 Nov. 2 Nov. 9 Nov. 16

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

Parent/guardian signature _____