

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

PRESIDENTS WEEK BASKETBALL MINI-CAMP 2026

NAME OF
PLAYER_____

ADDRESS_____APT._____

CITY_____STATE_____ZIP CODE_____

Email (1)_____Email (2)_____

age _____ date of birth _____ gender _____ grade _____ school _____

Name of Parents/Guardians:

1._____ cell #_____

2._____ cell #_____

Emergency contact: (if different from above)

ENROLLMENT IS LIMITED! Questions? Contact us at shwsbasketball@gmail.com

Mail or Drop off form and check 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 6.**

TUESDAY, FEBRUARY 17 _____

WEDNESDAY, FEBRUARY 18 _____

THURSDAY, FEBRUARY 19 _____

Payment RECEIVED BY FEBRUARY 12: 3 days \$150; single days \$60 per day

Payment RECEIVED AFTER FEBRUARY 12: 3 days \$165; single days \$65 per day

Enclosed is my check in the amount of _____.

Parent/guardian signature_____