

OLSS BASKETBALL
1ST AND 2ND GRADE CLINIC
REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE # _____ GRADE: _____

EMERGENCY CONTACT: _____

Paid: \$75 _____ cash _____ check check #: _____

(Cut Here)

PLEASE KEEP THIS PORTION AS YOUR SCHEDULE:

1st and 2nd Grade Schedule: THURSDAY 4/19, 4/26, 5/3, 5/10, 5/17, 5/24, 5/31, 6/7

TIME: 5:00-6:00 PM