

**OLSS BASKETBALL  
KINDERGARTEN CLINIC  
REGISTRATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

GRADE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

Paid: \$75 \_\_\_\_cash      \_\_\_\_check check #: \_\_\_\_\_

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(Cut Here)

**PLEASE KEEP THIS PORTION AS YOUR SCHEDULE:**

KINDERGARTEN SCHEDULE: TUESDAYS 4/17, 4/24, 5/1, 5/8, 5/15, 5/22, 5/29, 6/5

TIME: 5:00-5:45 PM