

**OLSS BASKETBALL  
PRE- K 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:**

**PRE-K SCHEDULE: MONDAYS; 4/16, 4/23, 4/30, 5/7, 5/14, 5/21, 6/4, 6/11**

**5PM-5:45PM**