

WENDY'S SPRING BASKETBALL CLINIC
Chatham-Kent Secondary School
REGISTRATION FORM - 2017

CLINIC ATTENDING* (Please check next to your selection):

Girls – March 27 - May 8 (Mon & Wed.- 5:30-7:00 pm)

- Junior Girls- Grades 2-5
 Senior Girls- Grades 6-8

Boys – March 28 - May 4 (Tues & Thurs.- 5:30-7:00 pm)

- Junior Boys- Grades 2-5
 Senior Boys- Grades 6-8

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Street or Rural Route Address: _____

City: _____ Postal Code: _____

Age: _____ Grade: _____

Elementary School: _____

Parent/Guardian Name(s): _____

Contact Email: _____

Phone Numbers: Home- (519) _____ - _____

Cell- (519) _____ - _____

Health Card Number: (Optional) _____

Emergency Contact: Name- _____

Phone- (519) _____ - _____

T-Shirt Size: Youth: S M L

Adult: S M L

YES NO - I give permission for my child's picture to be used for website/advertising purposes.

* Maximum 30 players per division

** Dates and times of clinic are subject to change depending on gym availability

Fee: \$80. (Make cheque payable to "John Corrente")

Drop form and fee off at CKSS or Mail registration form and fee to:

John Corrente

20 Lynnwood Dr.

Chatham, ON N7M 5J4

Visit our website at www.wendysbbclinic.com