

WENDY'S SPRING BASKETBALL CLINIC
Chatham-Kent Secondary School
REGISTRATION FORM - 2018

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

Girls – April 4 - May 9 (Mon & Wed.- 5:30-7:00 pm)

- Junior Girls- Grades 1-4
- Senior Girls- Grades 5-8

Boys – April 3 - May 3 (Tues & Thurs.- 5:30-7:00 pm)

- Junior Boys- Grades 1-4
- Senior Boys- Grades 5-8

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: \$90. (Make cheque payable to "John Corrente")

You can pay with cash or cheque on the first night of registration or send a copy of your registration and cheque made payable to :

John Corrente

20 Lynnwood Dr.

Chatham, ON N7M 5J4

Visit our website at www.wendysbbclinic.com