





## Fall Recreational Basketball League September 13-November 1

Grades 3 & 4 5:30pm

Grades 5 & 6 6:30pm

Grades 7 & 8 7:30pm

Games on Thursday Nights:

All games will be two 20 minute running time halves

**Registration Fee: \$100** 

Registration Deadline: August 31, 2018

\*\*All correspondence will be sent by e-mail. Please provide e-mail addresses on back of form\*\*

A \$5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE.

THE \$5 FEE WILL BE ASSESSED ONCE PER FAMILY.

NO REFUNDS WILL BE ISSUED AFTER REGISTRATION HAS BEEN COMPLETED.

A FAMILY DISCOUNT OF 10% WILL BE GIVEN FOR 3 OR MORE CHILDREN REGISTERED FOR THE SAME PROGRAM

## For more information contact:

Boys & Girls Clubs of Northwest NJ Wayne Unit

> 153 Garside Avenue Wayne NJ 07440 973-956-0033

www.bgcnwnj.org

www.facebook.com/bgcnwnj

\*not a school sponsored event\*

## Boys & Girls Club of Wayne

	2018 Fall Recreation Basketball	
Child's Name:	Date of Birth:	
Address:	Age: Gender:	
City: State	Zip:Grade as of Sept. '18: Emergency Phone:	
Home Phone:E-mail Address:		
	size: ys ym yl yxl as am al axl	
	one) Beginner Intermediate Advanced Travel Team	
taying enperioneer (enco	Parent/Guardian Information:	
Mother's Name:		
Business Name & Address		
	Cell Phone#:	
Father's Name:	· · · · · · · · · · · · · · · · · · ·	
Business Name & Address		
Business Phone:	Cell Phone#:	
	elp defray the cost of our Basketball Program. Sponsorships are eive a thank you letter as well as your company name on all schedules ters, and your team's shirts.	
Company or Sponsor Name	Contact Person & Phone #	
Company or Sponsor Address		
Coaches: We need coaches for you	child's team!!	
Name	Phone #	
gram. I assume all risk in regard to participat	e in the Boys & Girls Club of Northwest New Jersey Wayne Unit Fall Basketba in this and any other Boys & Girls Club program in which my child may parti the Boys & Girls Club of Northwest New Jersey its directors, officers, coache n participation in Boys & Girls Club activities.	icipate.
	my signature, I attest to the following:	
That the above information is correc		
That in the event of a medical emerg my child as deemed necessary b	cy, I authorize the Boys & Girls Club of Wayne to seek emergency medical car he Director.	re for

(Signature of Parent or Guardian)

(Date)