



# “Life is Bigger Than Basketball League”

*June 12<sup>th</sup>-July 29<sup>th</sup>*

5-8<sup>th</sup> Skills Day Monday 6:00pm-8:00pm

High School Girls Tuesday 6:00pm-9:00pm

High School Skills Day Wednesday 6:00pm-8:00pm

High School Boys Thursday 6:00pm-9:00pm

5<sup>th</sup> -8<sup>th</sup> Grade Saturday 9:00am-1:00pm

Primary Team Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Team Information:

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_
2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

4. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

5. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

6. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

7. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

8. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

9. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

10. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Primary pick-up: \_\_\_\_\_  
Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_