

Program Registration



DISCOUNTS:
 Multiple Programs: \$ _____
 Siblings : \$ _____
 Others: \$ _____

ST. LOUIS BASKETBALL ACADEMY PROGRAM REGISTRATION FORM

Payment must accompany this form

Name of the Program _____ Sun / Mon / Tues / Wed / Thurs / Fri / Sat

Player 's Name _____ Gender _____ Birth Date/Grade _____ □□_□□□
 _□□□

Address _____ City _____ ST _____ ZIP _____

School Attending _____

Grade _____ Shirt size YS YM YL AS AM AL AXL (only if applicable)

*Parent/Guardian's Email (Required) _____ Home Phone _____

Parent 's/Guardian's Name _____ Cell Phone (Required) _____

Emergency Contact 's Name _____ Cell Phone (Required) _____

Name of a special friend your child may like to be with: _____

We strive to honor special requests including team mates, however we are not always able to meet all requests.

* (We will be sending important information and updates to the above email address)

There is a \$20.00 late fee for any registrations after the program start date.
Please visit www.stlball.com for practice times, and any other important updates. (Dates are subject to change)

Payment Option:

Cash

Checks payable to St. Louis Basketball Academy

Mail in registration form or bring along with payment to 12545 Fee Fee Road, St. Louis MO. 63146

For more information please call: Dennis Beckett at 314-769-2255 or email: dennis.stlball@gmail.com

 Parents / Guardian's Signature

 Date

\$ _____ Enclose is a check or cash payable to St. Louis Basketball Academy.