



Minnesota Developmental Basketball



2017 Fall Registration

Name of Athlete _____

Birthdate _____ Fall Grade/School _____
Level last season _____

Address _____

City/State/Zip _____

Parents Names _____

Cell #s: (Dad) _____ (Mom) _____ (Player) _____

Jersey Size _____ Shorts Size _____ (sizes available youth small thru adult XXL)
request _____ (# not guaranteed, but will do our best)

Email Address(s) _____

Athletes to be placed with on same team (if applicable):

Please circle best days of week practice, indicate if any do not work:
(each team will practice at MDB facility once per week for 1.5 hrs, evenings)

- Monday
- Tuesday
- Wednesday
- Thursday
- Saturday

Any Sundays (Sept. 10 thru Oct. 29) that do NOT work for you?