



Minnesota Developmental Basketball



2017-18 Winter Team Registration

Name of Athlete _____

Birthdate _____ Current Grade/School _____

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 twice per week for 1.5 hrs, evenings or Sat.)

Monday

Tuesday

Wednesday

Thursday

Saturday

Any weekends, November thru early March that do NOT work for you?