MDB Minnesota Developmental Basketball

2017 Spring Registration

Athlete's Name _____ Winter team_____

Birthdate_____ Current Grade_____

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):

What practice days ***DO*** work for you?

Monday Wednesday
Tuesday Thursday

What start times, 90 minute practices, work best for you (please circle)?

5:30 6:00 6:30 7:00 7:30 8:00

<u>Games are played on weekends</u>. Are there any weekends in April, May & first half of June that ***DO NOT*** work for you? Please indicate:

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