



Minnesota Developmental Basketball



## 2018 Spring Team 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  
Tuesday

Wednesday  
Thursday

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

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

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