

Registration Form for Advanced Skills Development League

Please type or print CLEARLY

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_ School Player attends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check which option best describes your skill level/basketball experience…

\_\_\_\_ AAU National Team \_\_\_\_ AAU Regional Team \_\_\_\_ Travel Team

Check Number of Sessions signing up for \_\_\_\_\_\_ 5 \_\_\_\_\_\_ 3(the 3-week option will allow you to choose to attend 2 of the first 4 weeks and you MUST attend the last week for Round Robin play-no exceptions.)

If signing up for 3 sessions, check which 2 you will attend in addition to the final week:

\_\_\_\_\_ Sunday Oct. 1st Pat the Roc

\_\_\_\_\_ Sunday Oct. 8th Paul Easton

\_\_\_\_\_ Sunday Oct. 15th Jasmine Byrd

\_\_\_\_\_ Sunday Oct. 22nd Aggie McCormick

\_\_\_\_\_ Sunday Oct. 29th Rob Rose & Round Robin Play

If any sessions are canceled due to the weather or other unforeseen circumstances, all attempts will be made to make up the session. In the event a session cannot be made up, no refunds will be given.

Forms can be filled out and emailed to [fairfaxstars@aol.com](mailto:fairfaxstars@aol.com) or mailed with payment to Fairfax Stars 2801 Glade Vale Way, Vienna, VA 22181

Checks made payable to Fairfax Stars

Registration and Payments can also be completed online at: www.fairfaxstars.org

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For administrative use ONLY

Amount Paid: \_\_\_\_\_\_\_\_\_\_ Payment Method: \_\_\_\_\_\_\_\_\_\_

Complete if paid by check-- Check Number: \_\_\_\_\_\_ \_\_ Name on Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_