

Registration Form for 2019 Winter 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 Jan. 13st Chay Shegog & Jasmine Byrd

\_\_\_\_\_ Sunday Jan. 20th Jimmy Price

\_\_\_\_\_ Sunday Jan. 27th Ganon Baker

\_\_\_\_\_ Sunday Feb. 3rd Paul Easton

\_\_\_\_\_ Sunday Feb. 10th 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_