

Registration Form for 2019 Fall Advanced Skills Development League

Please type or print CLEARLY

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

County of Residence (players who live outside FF county owe add’tl $30 fee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

AAU National Team AAU Regional Team Travel Team Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_