

**Safe Haven West Side Basketball League**  
***FALL SUNDAYS BASKETBALL PROGRAM 2024***

NAME OF PLAYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent Cellphone # \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Name of Parents/Guardians:

1. \_\_\_\_\_

2. \_\_\_\_\_

Emergency contact: (if different from above) \_\_\_\_\_

Cellphone# \_\_\_\_\_

ENROLLMENT IS LIMITED! Questions or concerns? Contact us at [shwsbasketball@gmail.com](mailto:shwsbasketball@gmail.com)

***Mail or Drop off*** form and payment payable to: Safe Haven West Side Basketball League  
c/o Copy Experts, Box 257, at 2424 Broadway (89<sup>th</sup> Street), New York, NY 10024.

**Website:** [www.safehavenhoops.net](http://www.safehavenhoops.net)

**SEVEN SESSION PACKAGE (includes one free bonus/makeup session)**

**Payment received by September 30:                      \$200**

**Payment received after September 30:                      \$240**

**Single Sessions: (circle dates)                                      \$50**

**Oct. 6              Oct. 20              Oct. 27              Nov. 3              Nov. 10              Nov. 17              Nov. 24**

Enclosed is my check in the amount of \_\_\_\_\_  
(Make checks payable to *Safe Haven West Side Basketball League*)

Parent/guardian signature \_\_\_\_\_