# HHHYBL



#### WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM JUNE -- AUGUST, 2018

Mixed Boys/Girls Evening Intramural Leagues Instructional

### **BASKETBALL IN HOUSE REGISTRATION**

@ West Hollow Middle School, 250 Old East Neck Road, Melville

 Tuesday
 April 10, 2018
 6 PM – 9 PM

REMINDER

Open to students entering grades K-12<sup>th</sup> & beyond in September, 2018.

Also, the highly successful, adult leagues where players compete at higher levels (A, B or C).

# **REGISTER NOW!**

Fees: Registration: (10/1/17 thru 4/30/18 postmarked): No Exceptions 1<sup>ST</sup> child: \$225; each add'l child \$200 Late Registration: (5/1/18 – 5/31/18 postmarked) 1<sup>st</sup> child:\$250; each add'l child \$225 Late/late Registration (after May 31, 2018 postmarked) Each application \$275

Please attend in-house registration above and have your child(ren) and their friends dress in shorts and wear sneakers; they will be evaluated. If you can not attend registration and wish to avoid a late fee, please send a completed registration form on or before April 30, 2018, with applicable fee, to HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746.

If you require additional information on the youth basketball program or the very popular<u>adult men's league</u> (different levels) e-mail Dennis: @ <u>cmish11746@gmail.com</u>. Website: <u>www.hhhfury.com</u>

*"This notice is distributed to students solely as a community service by the school district. This distribution is not considered a HHH endorsed or sponsored activity".* 

Please make checks payable to "HHHYBL" (a nonprofit 501C3 entity)

www.hhhfury.com (application on reverse) Dennis 258 7604

# HHHYBL - SUMMER Summer 2018 Youth Basketball Program

## Application

After April 3	0, 2018		Re	gistra	<u>tion</u> : T <u>h</u>	ru April 30, 2	<u>018,</u> \$2	225 1st	child, a	dditic	onal child	he following: ren: \$200. pplicant <u>No re</u>	efunc	ds. N	lo ex	ceptions!!	
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Guardian's Work Phone:()								Where did you get application?									
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Signature of	Paren	t or L	egal	Guar	dian: _							Date:					
Insurance company providing coverage for your child:									Policy Number:								
For Office Use Only: Ratings Player Number payment Methodck								caeh	oti	her (	beck No.	Amt			Date		
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Shooting Aggressive	A A	B B	C C	D D		Rebounding Size		Α	В	С	D	Defense	Α	в	С	D	
33		-	-	-								Overall	Rati	ng _			