

HOOPS Life™

New Session REGISTRATION FORM

HOOPSLife™ Classes include: 2 - 90 minute classes plus Saturday Games, weekly for 12 weeks (3 Months)

Please make tuition checks payable to: **HOOPS**

PERSONAL DETAILS

TODAY'S DATE: _____

CHILD'S NAME: _____ SCHOOL: _____

MOM'S NAME: _____ DAD'S NAME : _____

ADDRESS: _____

EMAIL : (MOM) _____

(DAD) _____

CELL #: (MOM) _____ CELL #: (DAD) _____

ALT # (MOM) _____ ALT # (DAD) _____

CHILD'S AGE: _____ BIRTHDATE: _____

Shirt Size: (Circle One)

Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Anything important you'd like Pat to know? _____

Office: (352) 253-4667

Email: kristina@hoopslifeusa.com

www.Hoopspatburke.com

HOOPSLife™- 15839 Old US Highway 441 Tavares, FL 32778

FOR OFFICE USE:

Date: _____ 7-10 Year Olds 4:30-6:00 pm _____ miFUTURE™ 1 Month

Season: _____ 10-14 Year Olds 6:15- 7:45 pm _____ miFUTURE™ 3 Month

Deposit Paid: _____ miFUNDAMENTALS™

Balance Due: _____ miESSENTIALS™

Method: _____ miTEAM™