2018-19 Season

Spring Middle School Basketball Clinic Fee: $175.00 Payable at time of registration.

Division of Do Your Best, Inc.

Basketball AAU Clinic Application

Player Name _____ Date of Birth __/__/____Grade:____School:_____

Home Address:_____

City_____ State _____ Zip Code _____ Home Phone: _____

Parent (s)/Guardian Name/Cell/Email:_____

Parent (s)/Guardian Name/Cell/Email:_____

Returning Player? Yes___ No___ If no, please provide the following:

Basketball background, include AAU, Interscholastic, travel or any other playing experience; camps or clinics attended, etc.

_____

_____

_____

Provide Copy of Birth Certificate and latest Report Card with Application.

Height: _ ____Weight:_____ Right/Left Handed:_____ Position (s) Played:_____

Uniform Sizes: Jersey_____ Shorts_____ Jacket_____

How did you hear about us? _____

Applications or checks can be mailed to:

Do Your Best, Inc. 1790 Warwick Avenue, Warwick, RI U.S.A. 02889

Applications can also be emailed to: mmalloy@oceanstatebasketball.org

Please Complete Application in its entirety. Information needed to register you with AAU.