

**SPRINGFIELD BASKETBALL ACADEMY
TRAINING SESSIONS
Registration Form**

Player's Name: _____ DOB: _____ BOY GIRL

Grade: _____ School: _____

Address: _____ City/State/Zip: _____

Guardian #1 _____ Phone: (H) _____ (C) _____

Receive notification via text message? YES NO Cell Provider (REQUIRED TO RECEIVE TEXT) _____

Email: _____ (ALL NOTIFICATIONS ARE MADE VIA EMAIL AND OR TEXT MESSAGE)

Guardian #2 _____ Phone: (H) _____ (C) _____

Receive notification via text message? YES NO Cell Provider (REQUIRED TO RECEIVE TEXT) _____

Email: _____ (ALL NOTIFICATIONS ARE MADE VIA EMAIL AND OR TEXT MESSAGE)

SELECT FROM THE FOLLOWING SESSION(S)

___ **Spring Session \$109; 5 weeks (10 sessions) Tuesday and Thursday Evenings in May 1st-May 31st**

___ **Summer Session \$109; 5 weeks (10 sessions) Tuesday and Thursday Mornings/Afternoons
in June 12th-July 12th**

___ **BEST VALUE \$199; Spring and Summer Sessions (20 sessions)**

ALL CONFIRMATIONS WILL BE MADE VIA EMAIL AND OR TEXT MESSAGE

Please complete and return this registration form with the non-refundable team or non-refundable individual fee to The Gym of Springfield, 1823 Camp Lincoln Road, Springfield, IL, 62707 by the registration date for your specified program.