



Minnesota Developmental Basketball



2019 Spring Team Registration

Athlete's Name _____ Winter team _____

Birthdate _____ Current Grade _____

Address _____

City/State/Zip _____

Parents Names _____

Cell #s: (Dad) _____ (Mom) _____ (Player) _____

Jersey Size _____ Shorts Size _____ (sizes available youth small thru adult XXL)
request _____ (# not guaranteed, but will do our best)

Email Address(s) _____

Athletes to be placed with on same team (if applicable):

What practice days **DO** work for you?

Monday
Tuesday

Wednesday
Thursday

What start times, 90 minute practices, work best for you (please circle)?

5:00 5:30 6:00 6:30 7:00 7:30 8:00

Games are played on weekends. Are there any weekends in April, May & first half of June that **DO NOT** work for you? Please indicate: