



Minnesota Developmental Basketball



2018 Fall Registration

Name of Athlete _____

Birthdate _____ Fall Grade/School _____
Level last season _____

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):

Please circle best days of week practice, indicate if any do not work:
(each team will practice at MDB facility once per week for 1.5 hrs, evenings)

Monday

Tuesday

Wednesday

Thursday

Saturday

Any Sundays (Sept. 9 thru Nov. 11) that do NOT work for you?

MDB~2040 W. 98TH Street~Bloomington~MN~55431~www.mdbball.com
952-346-8866 phone 952-346-8868 fax mdbball1@qwestoffice.net