



Minnesota Developmental Basketball



## 2018-19 Winter Team Registration

Name of Athlete \_\_\_\_\_

Birthdate \_\_\_\_\_ Current 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 twice per week for 1.5 hrs, evenings or Sat.)

- Monday**
- Tuesday**
- Wednesday**
- Thursday**
- Saturday**

**Any weekends, November thru early March that do NOT work for you?**