



FOR OFFICE USE ONLY
Amount Paid _____
Cash _____ Check _____
Date _____
Received By _____
Receipt # _____

2009-2010 Youth Basketball – Individual Application

Child’s Name _____

Parent’s Name _____

Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Please check one: BOYS _____ GIRLS _____

Please check one: 1st - 2nd _____ 3rd - 4th _____ 5th - 6th _____

**TEAMS WILL PLAY ON SATURDAY OR SUNDAY
Beginning the weekend of November 14th & 15th**

REMARKS: (SKILL LEVEL)

ENTRY FEE: **\$65.00** *NOTE: Cash payments at the office must be the exact amount; we cannot make change.

MAKE CHECKS PAYABLE TO: **Des Moines Parks & Recreation**

BRING OR MAIL TO: **Des Moines Parks and Recreation
Leisure Sports Office *Office Hours are 8:00 a.m. to 5:00 p.m., Monday through Friday
3711 Easton Boulevard
Des Moines, Iowa 50317
Office Phone: 248-6310 / Fax #: 263-8745**

ENTRY DEADLINE: **5:00 p.m., Friday, October 16, 2009**

RECREATION COORDINATOR: **George Davis – 248-6310**

_____ **YES**, I can help with Coaching!
(Please check if you can coach.)