



## Future Impact Basketball Program

### REGISTRATION FORM

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Payments made to: **SKILLS BASKETBALL**  
**P.O. Box 3455**  
**New Haven, CT 06515**  
**\*\*\*Returned check fee is \$25\*\*\***



Skills Camp Affiliate