

	Registra	tion Information	
PLAYER'S NAME:		PHONE NUMBER	R:
GRADE FOR SCHOOL	YEAR:	_ T SHIRT SIZE:	
PARENT'S SIGNATURE		DATE:	
ADDRESS:		EMAIL:	
Please detach the registrat	ion section of this sheet, c	omplete, and mail cl	heck payable to "Lebanon Boys
Basketball" to:	Lebanon Boys	s Basketball Youth C	amp
	C/O Albert Hendrix	Contract	rtment
	510	Essex Drive	
	Lebai	non, In 46052	