

# St. Croix Falls Boys' 3<sup>rd</sup> and 4<sup>th</sup> Grade Booster Basketball

Boys Booster Travel Basketball is open to boys in 3<sup>rd</sup> and 4<sup>th</sup> grade. It is a non-competitive traveling program that is offered via community education and the SCF boys' booster basketball association. Games are normally Saturday mornings starting at 9 and ending around noon. They do not keep score and coaches are on the floor helping kids learn the game of basketball. The 4<sup>th</sup> grade level will have one competitive tournament at the end of the season.

- Practice begins **Monday, October 23rd.** and will go through Mid December. (4<sup>th</sup> grade 1 competitive in early Jan.)
- Practices will be most Mon. and Thurs. nights from 6:00 – 7:15. Gym TBD
- There will be up to 5 Saturday tournaments. These will be in Nov. and Dec. Dates TBD

3<sup>rd</sup> Grade parents: Would you be willing to help coach? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please send these forms and payment to Kelly Anderson in the middle school office by Monday, October 9<sup>th</sup>. IF REGISTRATION IS NOT RECEIVED BY THIS DATE YOU MAY NOT HAVE A JERSEY FOR THE FIRST TOURNAMENT!**

- The cost: \$35 for SCF students \$60 or non-SCF students. You may only be signed up for 1 booster program.
- Jerseys are required to play in the league. Add \$30 for a new jersey.
- Make checks payable to SCF CE.
- Question contact Tory Greenquist at 715-557-1600 or DCgreenquist@aol.com

**Jersey Size** Youth S M L **Adult** S M L XL

If you order bigger, the Uniform can last a couple years in booster.

Jersey number preferred (give 3 choices) 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Jersey number you have from previous year \_\_\_\_\_

\$ Reg
\$ Jersey
Total
Check #

**Return by October 6th.**  
One registration per Child please.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

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

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ **(Please provide for communication purposes.)**

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Physician/Clinic: \_\_\_\_\_

Does your child have any medical problems or take medication for which a coach should be aware? *Explain if yes:*

