



# AFTER SCHOOL HOOPS®

Frank Luca, Regional Director (401) 639-0814

After School Basketball Clinics  
Boys and Girls Grades K - 8<sup>th</sup>  
Presented by **One on One Basketball**



Join **One on One Basketball** for **AFTER SCHOOL HOOPS®** at (Your School) gymnasium beginning (date). Skilled and experienced basketball instructors will conduct a one-hour clinic each week right after school. These clinics will help you become a better basketball player through drills, contests, and team competition.

**(YOUR SCHOOL NAME), After School Hoops®**  
**“Have fun learning to become a better basketball player”**  
(K – 8<sup>th</sup>) Grade: (TIME)

**Dates:**

**(Cost) for (6 – 10) Week Program**

**\*\*\*PLEASE MAKE CHECKS PAYABLE TO **One on One Basketball**\*\*\***

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**REGISTRATION FORM**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parents Names \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Email \_\_\_\_\_ Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Who is the person that will be picking up your child? \_\_\_\_\_

\_\_\_\_\_ I will sign out my child after class (or person authorized for pick up)  
Students must be picked up **promptly** at end of class

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

\*Please make checks payable to **One on One Basketball** and return with registration form to:  
(Your school) Main Office care of (parent volunteer or Sec. in charge)

For more information, contact Frank @ (401) 639-0814