



# Murphy AC Basketball 2017



Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent cell: \_\_\_\_\_

Home address: \_\_\_\_\_

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

Gender: Male Female

**Program interest -- please mark appropriate boxes**

1. AAU  Circle one: Individual Group Team

If group or team, please list requested teammates -- requests must be agreed upon by all

\*\*\* can be as few as one player request and as many as nine players

- |         |         |
|---------|---------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ |         |

Requests  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Spring Skills  \*\*\*Dates TBA -- March thru May

3. Small group instruction  \*\*\*Scheduled specifically with group

4. Individual instruction  \*\*\*Scheduled specifically with individual

Please circle available days of week available to skill:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday