



BallPoppers

Alameda Recreation & Parks Dept. and BallPoppers

2014 Summer & STEM Basketball Series

Name of Organization: _____

Contact Person: _____

Email: _____

Phone: _____

1. Participant Name _____

Address: _____

City: _____ School: _____

Phone (Parent): _____

Email: _____

Age: _____ Grade _____ Gender: _____

Basketball experience: ___ No Experience ___ Recreational basketball program
___ School basketball team ___ AAU/CYO/NJB team

2. Participant Name _____

Address: _____

City: _____ School: _____

Phone (Parent): _____

Email: _____

Age: _____ Grade _____ Gender: _____

Basketball experience: ___ No Experience ___ Recreational basketball program
___ School basketball team ___ AAU/CYO/NJB team

3. Participant Name _____

Address: _____

City: _____ School: _____ Phone
(Parent): _____

Email: _____

Age: _____ Grade _____ Gender: _____

Basketball experience: ___ No Experience ___ Recreational basketball
program ___ School basketball team ___ AAU/CYO/NJB team

4. Participant Name _____

Address: _____

City: _____ School: _____

Phone (Parent): _____

Email: _____

Age: _____ Grade _____ Gender: _____

Basketball experience: ___ No Experience ___ Recreational basketball
program ___ School basketball team ___ AAU/CYO/NJB team

If you have additional applicants, please send in additional sheets with required information. We will be contacting you and parents of the confirmations of attendees. There is limited space available.

Please send Forms to 6ballpoppers@gmail.com

If you have questions please contact Mable Yee 510-918-3700
myee05@yahoo.com