

# Cheshire



# Basketball

**December 28<sup>th</sup> & 29<sup>th</sup>**

**9:00am - 12:00pm**

**@ Cheshire High School**

**Boys & Girls**

**Grades 2<sup>nd</sup> - 8<sup>th</sup>**

**\$60.00**

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## 2016 CHESHIRE BASKETBALL HOLIDAY CLINIC APPLICATION

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

Address: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Telephone# \_\_\_\_\_

**Activity Code# 22600A**

### PARENT/GUARDIAN

My son(s)/daughter(s) has my permission to participate in clinic activities. In case of Injury I give my permission for a qualified doctor, nurse or trainer to provide care.

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

Make check payable to *Cheshire High School Basketball*. Please return form to Cheshire Basketball Holiday Clinic, c/o Cheshire Parks & Rec., 559 South Main St., Cheshire, CT 06410. Phone: (203) 272-2743 Fax: (203)272-5858

**ALL PROCEEDS TO BENEFIT  
THE CHESHIRE HIGH SCHOOL BOYS & GIRLS BASKETBALL TEAMS**