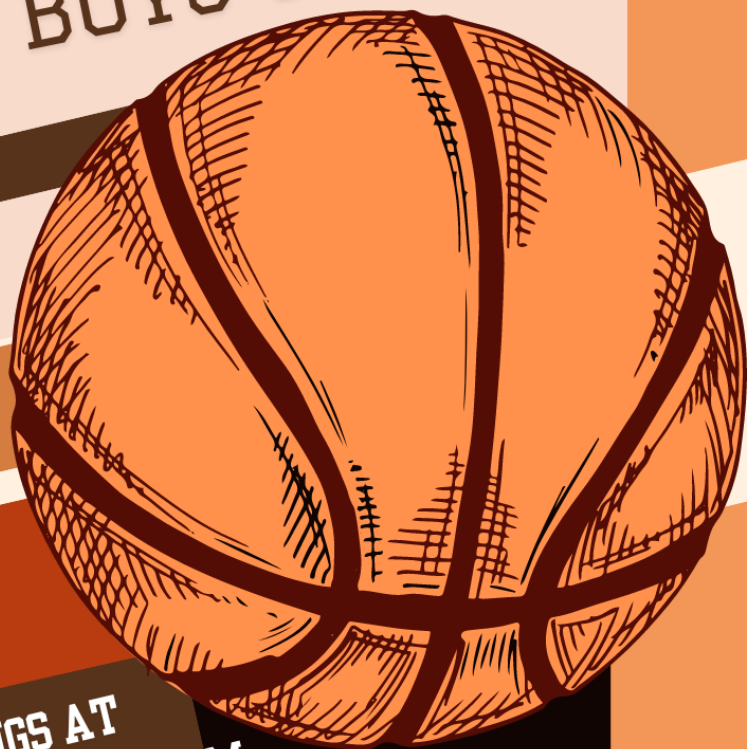


BASKETBALL

**4TH - 6TH REC LEAGUES
BOYS & GIRLS**

**JANUARY 11TH
THROUGH
FEBRUARY 15TH**



**\$60 RESIDENT
\$70 NON-RESIDENT**

- GAMES PLAYED SATURDAY MORNINGS AT SWAN VALLEY HIGH SCHOOL 9:00 AM - 12:00 PM
- BOYS AND GIRLS LEAGUES PLAYED SEPARATELY
- VOLUNTEER COACHES NEEDED

**REGISTER ONLINE OR AT
249 N. MILLER RD
SAGINAW, MI 48609
989.781.0151**

**DEADLINE TO REGISTER
NOVEMBER 22ND**

**\$25 LATE FEE UNTIL
REGISTRATION CLOSES
NOVEMBER 27TH**

WWW.THOMASTWP.ORG

4th–6th Basketball 2025

Office Use Only

Cash: ____ Check: ____ Check Number: _____

Received By: _____

Player's Last Name: _____ First Name: _____

Parents' Names: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Township: _____

Phone Number: _____ Primary Email: _____

School: _____ Grade: _____ Age: _____ Gender: _____

Circle Shirt Size: Youth Youth Youth Adult Adult Adult Adult
 Small Medium Large Small Medium Large Extra Large

Circle: Resident \$60 Non-Resident \$70

Cash or Checks payable to: Thomas Township General Fund - 249 N. Miller Rd. Saginaw, MI 48609

Or register online at www.thomastwp.org

Check the box stating you have received the concussion information sheet

Circle Division: Boys Girls

Registration **Deadline** - **November 22nd** (\$25 late fee after this date until November 27th)
Registration **Closes November 27th.**

WE CANNOT GUARANTEE REQUESTS. Volunteer Coaches determine their teams practice times. We can only honor requests between siblings/family members.

My signature on this form verifies that I understand Thomas Township, its employees and volunteers, shall not be responsible for any injury to my child while participating in this basketball program. I waive and release Thomas Township from any and all claims.

Parent/Guardian Signature Date

Volunteer Coach Name : _____

Coach's Phone _____ Shirt Size: _____