

SOUTHWESTERN OHIO BASKETBALL LEAGUE

ORGANIZATION NAME _____

CONTACT PERSON _____

EMAIL ADDRESS _____

ADDRESS _____

PHONE NUMBER _____

TEAMS ENTERING:

GRADE	BOYS or GIRLS	ATHLETIC, OPEN REC, or COMMUNITY REC	COACH	PH. NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DO YOU HAVE A HOME GYM? _____

IF YES, NAME OF GYM _____

GYM ADDRESS _____

CONTACT PERSON _____

PHONE NUMBER _____

DIRECTIONS TO GYM _____

DO YOU NEED THE LEAGUE TO ASSIGN OFFICIALS FOR YOU? _____

**SOUTHWESTERN OHIO BASKETBALL
2024 - 2025 WINTER LEAGUE
GYM AVAILILTY**

Please mark an "X" in the times which are available!

ORGANIZATION: _____

GYM: _____

DATE	NOV			DEC			DEC			DEC			JAN			JAN			JAN			JAN			FEB			FEB			FEB					
	29	30	1	6	7	8	13	14	15	20	21	22	3	4	5	10	11	12	17	18	19	24	25	26	31	1	2	7	8	9	14	15	16			
TIME	F	S	S	F	S	S	F	S	S	F	S	S	F	S	S	F	S	S	F	S	S	F	S	S	F	S	S	F	S	S	F	S	S	F	S	S
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Please mark an "X" in the times which are available!

COMMENTS: _____

