SOUTHWESTERN OHIO BASKETBALL 2024 - 2025 WINTER LEAGUE

Team Name: E-Mail Adrress: Schedule Requests:									_
Division: Boys Girls	2	3 3	4 4	5 5	6 6	7 7	8 8	9/10 HS	11/12
Girls	Up	per Athletic	: / Athletic		ec / Comm		-		
Coach: Address:							Phone: Cell: Fax:		
Asst Coach:							Phone: Phone:		
Player:		Email Address:			Phone:		Grade: Birthdat		ite:
							·		

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SOUTHWESTERN OHIO BASKETBALL LEAGUE

ORGANIZATION NAME	
CONTACT PERSON	
EMAIL ADDRESS	
ADDRESS	
PHONE NUMBER	

TEAMS ENTERING:

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

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 AVAILABILTY 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	FSS	FSS	F S S	FSS	FSS	FSS	FSS	FSS	F S S	FSS	FSS
9:00											
10:00											
11:00											
12:00											
1:00											
2:00											
3:00											
4:00											
5:00											
6:00											
7:00											
8:00											
8:45											

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

COMMENTS: _____