

**CINCY KINGS / SW OHIO BBALL
SUMMER BASKETBALL PROGRAM**
Individual Information / Registration form

Name: _____

Address: _____

Phone no: _____ Cell Phone: _____

Parent(s) name: _____

School attending: _____ Grade: _____

Date of birth: _____ Age: _____ Height: _____

E-Mail Address: _____

Interested in Coaching _____ Interested in Asst. Coach _____

If interested in signing up for the Cincy Kings program fill out the attached and mail with a check for \$325 to:

**SOUTHWESTERN OHIO BASKETBALL
1860 GARRETT HOUSE LN.
FAIRFIELD, OH 45014**

www.swohiosports.com