

Chester County Wizards AAU Basketball
2010
Registration Form

Name: _____

Address: _____

School: _____ **GR.** _____

Expected Year of Graduation (15s): _____

Height: _____

Date of Birth: _____

Phone #: _____

Family E-Mail Address:

Other Email Address: _____

Parent(s) Names: _____

Did you play AAU last year? _____
(Yes or No)

If "yes", for whom? _____

Existing Medical Conditions:
(Please include any allergies or illnesses e.g., asthma):

