

Minnesota Magic Registration Form 2010

Name:		
Grade:	Date of Birth:	
Street Address:		
City:	State:	Zip:
Height:	Weight:	Position:

Team This Winter:										
Grade Point Average:										
Level of Play, Circle One:	<table style="width: 100%; text-align: center;"> <tr> <td>Varsity</td> <td>JV</td> <td>Sophomore</td> </tr> <tr> <td>Freshman</td> <td>A-Traveling</td> <td>B-Traveling</td> </tr> <tr> <td>In-House</td> <td>Other</td> <td></td> </tr> </table> <p>If Other, Please Describe: _____ _____</p>	Varsity	JV	Sophomore	Freshman	A-Traveling	B-Traveling	In-House	Other	
Varsity	JV	Sophomore								
Freshman	A-Traveling	B-Traveling								
In-House	Other									
Scoring Average:										
Other Stats:										
Home Phone:	Cell Phone:									
E-mail Address:										
Parents' Names:										

Please fill in the blanks and mail with your **Magic Tryout Fee of \$25** check payable to "MYBC" You will receive confirmation when we receive your form.:

Magic Basketball
3844 15th Ave. S.
Minneapolis, MN 55407

For more information: John Sherman (p) 763-424-7384 (c) 612-822-8577 jsherman@acnpapers.com