

# Minnesota Magic Pre-Registration Form 2012

Name:		
Grade:*	Date of Birth:	
Street Address:		
City:	State:	Zip:

\*Current school year.

Team This Winter:	
Scoring Average:	
Other Stats:	
AAU Team Last Spring:	
Your Grade Point Average:	

Home Phone:	Cell Phone:
E-mail Address:	
Parents' Names:	

Please fill in the blanks and mail with your **Magic Tryout Fee of \$20** 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](mailto:jsherman@acnpapers.com)