



Eatontown Recreation
 (Borough Hall)
 47 Broad Street, Eatontown, NJ 07724
 (732) 389-7607 • email: rec@eatontownnj.com



2010 YOUTH BASKETBALL CLINIC

Eatontown Recreation is now accepting registrations for the 2010 Youth Basketball Clinic for Boys and Girls who are currently in **grades Pre-K – 2**. **Must be four years old to register**. This six week instructional program will focus on basic skills such as shooting, passing, dribbling, and positions. Shorter nets and smaller balls will be used.

All sessions will be held at **Meadowbrook School Gymnasium** (*located at: 65 Wyckoff Rd.*) on the following **Saturdays**: **January 23rd, 30th, February 6th, 13th, 20th, 27th** All sessions are subject to change based on the number of enrollments.

Pre-K	Kind.	1st Grade	2nd Grade
A- 8:45 – 9:30 AM	B-9:35 – 10:20AM	C-10:25 – 11:10AM	D-11:15AM – 12:00PM

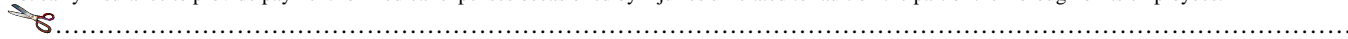
Sessions fill up quickly maximum 35 players each session. Registration done on a first come, first serve basis. In case of *inclement weather*, a recorded message will be left on the voice mail at the Recreation Office 732-389-7607.

The fee for the program is \$40.00 per child or \$60.00 per family, per program. Checks must be made payable to the **“Borough of Eatontown.”** Refunds will only be given when requested prior to the first session. Free services are available to those without the ability to pay. For further info, contact the Recreation Office- (732) 389-7607. **Registration form and payment are due no later than Friday, December 18, 2009.**

NOTE: Any persons who register after December 18th will be subject to a late registration fee of **\$20.00 (per family)**.

◆ For current and future recreation programs, visit our website at www.eatontownrecreation.com

While the Borough of Eatontown maintains liability insurance covering the Borough for injuries or expenses occurring by reason of its negligence, the Borough does not carry insurance to provide payment for medical expenses occasioned by injuries unrelated to fault on the part of the Borough or its employees.



2010 Youth Basketball Clinic

Adult Last Name _____ Adult First Name _____

Address _____ E-Mail: _____

Primary Telephone #: _____ Emergency #: _____

Grade	Date of Birth	T-Shirt Size	Fee	Session
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Office Use Only		
Date Received: _____	CASH or Check #: _____	TOTAL Amount: _____
	Credit Card: MC or Visa	Staff Initials: _____