



**BOYS & GIRLS CLUB
OF ZIONSVILLE
Club West Sports**

Basketball Registration

Camp Clinic

Childs Information

First Name: _____ Middle: _____ Last: _____

Gender: ___M___F Ethnicity: _____ DOB ___/___/___ Shirt Size ___Y___A

Address: _____ Sub Division _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

School: _____ Grade: _____ Age: _____

Contact Information

Mother's First Name: _____ Last: _____

Employer: _____ E-mail _____

Work Phone: _____ Cell Phone: _____

Father's First Name: _____ Last: _____

Employer: _____ E-mail _____

Work Phone: _____ Cell Phone: _____

* Make checks payable to:
Boys & Girls Club West
5964 S. 700 E.
Whitestown, IN 46075

* Not officially registered until we receive payment