

McLouth Youth Basketball Clinic

Player's Name: _____

Grade _____

Parent's Name: _____

Address: _____

Any Medical Conditions We Need

City: _____ State: _____ Zip: _____

To Know About:

Emergency Contact Name: _____

Emergency Contact Phone : _____

Mail registration to:

Lindsey Graf- McLouth High School

217 Summit Street

McLouth, Kansas 66054

Please make checks payable to: USD 342