

Timmy Gilroy Memorial Summer Basketball League

St. Barnabas CYO

REGISTRATION FORM:

Child's First Name _____ Last Name _____

Address _____ Town _____ Zip _____

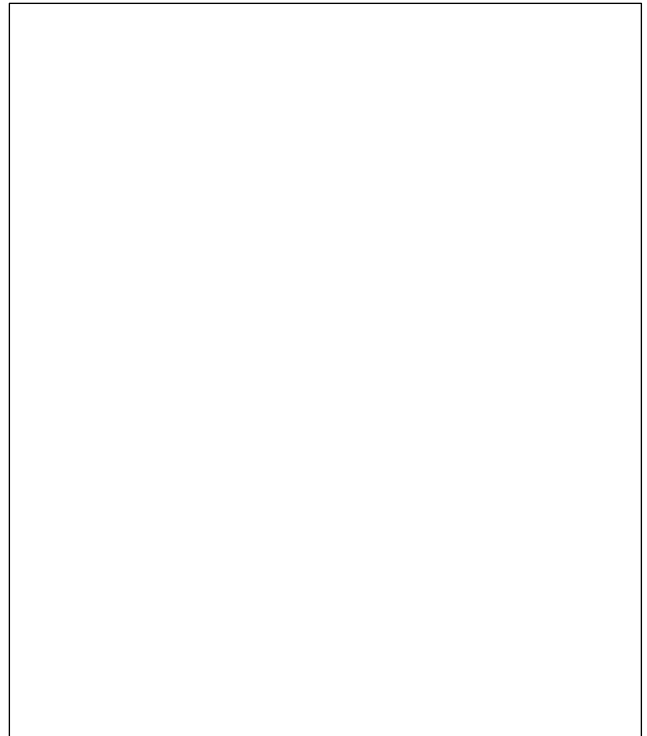
Phone Number _____

School _____

Grade (**SEPTEMBER 2023**) _____

Date of Birth ____ / ____ / ____

BOY _____ GIRL _____



Shirt Size*** _____ (Youth large is the smallest size available)

CASH OR CHECK MADE OUT TO ST. BARNABAS CYO

FOR OFFICE USE: DO NOT WRITE BELOW

Cash _____

Check Number _____ Initial _____