

**MAYOR DAHLIA VERTREESE & TOWNSHIP COUNCIL
HILLSIDE RECREATION DEPTMARTMENT**

FREE BIDDY BASKETBALL CLINIC

AGES 6 AND 7 YEARS OLD

**MUST REGISTER Nov. 5th through Nov. 21st AT THE
274 HILLSIDE AVENUE COMMUNITY CENTER**

FROM 9AM TO 12PM & 1PM TO 4PM OR



GYM OFFICE 4:30PM TO 8:30PM

**MUST BRING A COPY OF TOP PAGE OF
1040 FORM WITH REGISTRATION FORM**

HELD AT HURDEN LOOKER SCHOOL

MONDAY, WEDNESDAY & THURSDAYS 6:30pm to 7:30pm

BEGINNING: NOVEMBER 26TH AND ENDING DECEMBER 19TH

MUST BE HILLSIDE RESIDENT

MUST BE REGISTERED TO ATTEND

PLEASE PRINT

BIDDY CLINIC

I/We, the parents of _____ grant permission for him/her to participate in the Hillside Basketball Program. We assume all responsibilities for any accidents of injuries which may occur. Parent's Signature _____.

Child's Name: _____ Birth Date: _____

Address _____ Phone: _____

School: _____ Grade: _____ Sex: M _____ F _____

Medical Problems: _____