

1700 Hanover Ave
Allentown PA 18109

(610)997.3780



Mentee Registration Form

Last Name _____ First Name _____

Birth Date _____ Male Female Height _____ Weight _____ Grade _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Alternate Phone _____ (Work/Cell)

Parent/Guardian Last Name _____ First Name _____

Relationship _____ Home Phone _____ Alternate Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Primary Emergency Contact Name _____ Phone _____

Secondary Emergency Contact Name _____ Phone _____

I authorize the following individual(s) to drop off/pick up my child from **Allentown Midnight Basketball**:

Name _____ Name _____
(Print) (Print)

By signing this registration form, I affirm the information provided herein is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date