



Spiece Fieldhouse
 Home of Gym Rats Basketball
 Located at 5310 Merchandise Drive
 Fort Wayne, IN 46825
 Office 260-471-5270 • 260-471-3469 (FAX)
 Email: chrisp@gymratsbasketball.com
www.gymratsbasketball.com

Tuesday Night Fundamental Skills Instruction

Please Select One of the Following Options

- ___ Back to School League (Sept. 15 -Oct. 13, 2009 - Tuesdays 6 p.m.-8:00 p.m.)—ENTRY DEADLINE IS SEPT. 11, 2009
- ___ Fall League (Oct. 20 - Nov. 17, 2009 - Tuesdays 6 p.m.-8:00 p.m.) – ENTRY DEADLINE IS OCT. 16, 2009
- ___ Pre-Winter League (Nov. 24 - Dec. 22, 2009 - Tuesdays 6 p.m.-8:00p.m.) – ENTRY DEADLINE IS NOV. 20, 2009
- ___ Winter League (Jan. 12 - Feb. 9, 2010 - Tuesdays 6 p.m.- 8:00 p.m.) – ENTRY DEADLINE IS JAN. 8, 2010
- ___ Spring League (Feb. 23 - Mar. 23, 2010 - Tuesdays 6 p.m.-8:00 p.m.) – ENTRY DEADLINE IS FEB. 19, 2010
- ___ Summer League (Apr. 13 - May 11, 2010 - Tuesdays 6 p.m.- 8:00 p.m.) – ENTRY DEADLINE IS APRIL 9, 2010

The Fundamentals and Skills Session will be broken down into six categories:

1. Ballhandling - improve hand quickness, strength, coordination, and good ball control
2. Dribbling - improve dribbling skills and moving with the ball
3. Passing – develop skills and techniques to be a better passer
4. Shooting & Moves - improve shooting technique and develop moves off of dribble
5. Offensive Concepts - set up proper v cuts, getting open without the ball & setting proper screens
6. Defensive Concepts - practice defense on and off the ball

Please Circle One: Boys Girls

Circle Current Grade Level: 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Individual Registration Cost is \$100.00 - Jerseys Provided

Individual Name _____ Birthdate _____ Age _____
 Parent/Guardian Name _____ Home Phone _____
 Address _____ City _____ State _____ Zipcode _____
 Business/Cell Phone _____ E-Mail _____

PLEASE CIRCLE FORM OF PAYMENT:	Check	Money Order	Master Card	Visa Card
Card #:	_____		Expiration of Card	_____
CVV2 or V-Code:	_____ (Last three digits in signature line on back of card)			
Billing Address:	_____			
State:	_____	ZipCode	_____	
I, _____ hereby give the "Gym Rats" authorization to charge the following items and amounts.				

Make Checks Payable to GYM RATS INC.
 Mail or Fax Payments to: GYM RATS INC.
 P.O. BOX 80640
 Fort Wayne, IN 46898-0640
 Fax (260) 471-3469

If you have any questions, please stop by our office at the Spiece Fieldhouse or call us at (260) 471-5270
 E-Mail: chrisp@gymratsbasketball.com

EACH PLAYER MUST READ AND SIGN THE WAIVER PRINTED ON THE BACK. ENTRY WILL NOT BE ACCEPTED WITHOUT A SIGNATURE.
 PLEASE VISIT OUR WEBSITE AT: www.gymratsbasketball.com for additional information.