



# Brewster Sports Center

**Don't Stop playing**

**Join**

**Boys**

# Developmental Spring 2012

- 30 Minutes Instruction on Offense (dribbling, shooting, passing) and Defense (stance, closeouts, slide, help defense)
- 30 minute game
- \$230.00 per child

**Includes BSC T-shirt**

Class size – 16 players

Mondays – 8 Weeks

March 19, 26

April 2, 9, 16, 23, 30

May 7

Ages 8 - 9 6:00 – 7:00pm

Ages 10-11 7:00 – 8:00pm

Ages 12-13 8:00 – 9:00pm



For More Information  
Please Contact Al Morales  
At (845) 406-0130  
or [almorales@brewstersportscenter.com](mailto:almorales@brewstersportscenter.com)  
Or Visit our Website at: [www.brewstersportscenter.com](http://www.brewstersportscenter.com)

Brewster Sports Center  
19 Sutton Place ~ Brewster, NY 10509



***Developmental Basketball – Boys  
Spring 2012***

Name: \_\_\_\_\_

**Select One:**      Player's Age: \_\_\_\_\_

§    Age 8-9            Monday -- 6:00 – 7:00pm

§    Age 10-11        Monday -- 7:00 – 8:00pm

§    Age 12-13        Monday -- 8:00 – 9:00pm

Parent(s)'s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Telephone: (        ) \_\_\_\_\_

Evening Telephone: (    ) \_\_\_\_\_

Mobile Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

**Fee is \$230.00** Please send your completed form with check payable to  
***Brewster Sports Management.***

Send To:    Brewster Sports Center  
              19 Sutton Place  
              Brewster, NY 10509

ALL PAYMENTS ARE NONREFUNDABLE. \$25 bounced check fees. All players are responsible for their own insurance.  
**Disclaimer:** I hereby authorize the staff of the "Brewster Sports Center" to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release "Brewster Sports Center" from any and all liability for any injuries or illnesses incurred while participating at the facility or property. I have no knowledge of any physical impairment that would affect the player's participation, named to the above, in the league or tournament as outlined in the information. I also understand that "Brewster Sports Center" has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the tournament/league fees and refund policies.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Health Plan (Name): \_\_\_\_\_ Identification #: \_\_\_\_\_