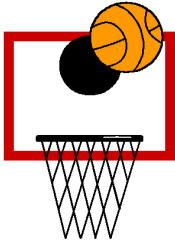


**4th/5th GRADE BOYS BASKETBALL TEAM**

**CLINIC & TRY-OUT**



Clinic Date: Thursday, October 10

Try-Out Date: Thursday, October 17

3:15 - 5:00 PM (both dates)

\_\_\_\_\_ will attend 4th/5th grade boys BB Clinic & Try-out.

Coach JD Scott recommends that both dates be attended.  
Please contact Coach Scott at [ScottSchoolBasketball@gmail.com](mailto:ScottSchoolBasketball@gmail.com) with questions.

My child will have the proper workout clothing and shoes.  
I will pick up my child in the gym at 5:00pm on both dates.  
Return permission form to Coach Scott on Clinic date.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Contact Number

\_\_\_\_\_  
Parent/Guardian Email

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