

Weston Parks & Recreation Department
Mail: P.O. Box 1184 Weston, CT 06883

****LOCATION: 47 NORFILD RD., CORNER OF RT. 57 & NORFIELD ROAD**



**SATURDAY BASKETBALL GRADES 1 & 2 AND 3 & 4
BOYS & GIRLS - SEPARATE LEAGUES - 2010**

WHO: There will be leagues for grades 1 & 2 boys, grades 1 & 2 girls, grades 3 & 4 boys and grades 3 & 4 girls.

WHEN: Games will be played on Saturday, Jan. 9, 16, 23, 30, Feb. 6, 27, March 6 & 13 (20th if needed) at the **Intermediate School gym**. Grades 1 & 2 will be played between 8:45 a.m. – 12:00 p.m. Grades 3 & 4 will be played between 12:00 p.m. and 6:00 p.m. Exact schedules will be made following the team selection meeting on December 5th.

FEE: \$110.00 per person, payable by **check only** to “Town of Weston”. Please **do not** send through schools. Players will receive a team jersey. Sneakers are mandatory for everyone. No jewelry or watches please.

REGISTRATION: Begins Saturday, November 14th in person only at the Recreation Department from 9:00 a.m. – 12:00 p.m. We will continue our registration on Monday, Nov. 16th from 9:00 a.m. – 6:30 p.m. and Tuesday, Nov. 17th from 9:00 a.m. – 6:30 p.m. ****Note our Saturday and later hours** to accommodate working parents. No in person registrations or mailed in registrations will be accepted after Nov. 17th unless space allows. No exceptions!

DO NOT REGISTER THROUGH SCHOOLS

TEAM PLACEMENT: We will have a mandatory **coach’s only** team selection meeting on Saturday, December 5th, (snow date: December 12th) in Rooms 103 and 104 in the **Weston Intermediate School**. The times are as follows: Grades 1 & 2 boys and girls: 11:00 a.m. – 12:00 p.m. Grades 3 & 4 boys and girls: 12:15 p.m. – 1:15 p.m. **Please be there** if you will coach. I need help picking fair teams. You will not be called. Bring a pencil/pen. Please indicate on the form below your willingness to coach, co-coach and attend the placement meeting. No children or pets at this meeting please.

GR. 1 & 2 and GR. 3 & 4 BASKETBALL LEAGUE – BOYS AND GIRLS
SATURDAY REGISTRATION FORM – WINTER 2010

Please print information below:

Name _____ Gr. _____ Please circle: Male or Female

Home phone _____ Cell phone _____

Address _____ Dr’s. name & number _____

Any problems coaches should be aware of? _____

Amount enc. \$ _____. **We need you to coach!** If you travel or vacation, we still need you – we pair up coaches!

Father/Mother _____ will coach. If possible, co-coach with _____. You will be at meeting on December 5th. Please check, yes ___ or no ___.

Parent’s signature _____ Date _____

Email address _____

