

**CINCY KINGS / SW OHIO BBALL  
SUMMER BASKETBALL PROGRAM**

**Individual Information / Registration form**

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

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

\_\_\_\_\_

**Phone no:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent(s) name:** \_\_\_\_\_

**School attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Interested in Coaching** \_\_\_\_\_ **Interested in Asst. Coach** \_\_\_\_\_

**If interested in signing up for the Cincy Kings program fill out the attached  
and mail with a check for \$325 to:**

**SOUTHWESTERN OHIO BASKETBALL  
1860 GARRETT HOUSE LN.  
FAIRFIELD, OH 45014**

**[www.swohiosports.com](http://www.swohiosports.com)**