

**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)**