



2nd ANNUAL SKILLS CHALLENGE
August 4th 9am - 12pm

Date: _____

Player/Participant Information

Player Name: _____

Player Age: _____ Date of Birth: _____

League Affiliation (Ex: Primetime, Playmakers,etc): _____

Org/Club Affiliation: _____

Medical Disabilities (Ex: Allergies, Asthma): _____

Parent/Guardian Contact Information

Parent/Guardian Name: _____

Home/Mobile Phone: _____

Email Address: _____