



## Summer Skills Clinic Registration

Player Name: \_\_\_\_\_

Grade Entering Fall: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Secondary Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Please make checks payable to NEX BBALL, LLC and  
mail to Pat Russell at:

50 Maplewood Terrace  
Braintree, MA 02184