



**LIGHTNING BASKETBALL**

## 2009-10 GI Lightning Basketball Registration Form

Name \_\_\_\_\_

School: \_\_\_\_\_ Grade this Fall \_\_\_\_\_

Parents: \_\_\_\_\_

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

E-Mail #1: \_\_\_\_\_

E-Mail #2: \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Text Y or N

Dad's Cell Phone \_\_\_\_\_ Text Y or N

Player's Cell Phone \_\_\_\_\_ Text Y or N

Home Phone \_\_\_\_\_

If you are a returning player, what is the # on your jersey? \_\_\_\_\_

If you are a new player in the program or wish to change your jersey number, list three numbers you would like to use (1-55):

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

**Please mail this form to:**

**GI Lightning Basketball  
2724 W. Anna Street  
Grand Island, NE 68803**

**Your paperwork is due by Sunday, September 13<sup>th</sup> to ensure that this player will have a roster spot for the 2009-10 Lightning program. After the 13<sup>th</sup>, you will need to see if there is any roster positions open.**