

2010-11 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) :

1st Choice _____

2nd Choice _____

3rd Choice _____

Please mail this form back to:

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

Your paperwork is due by September 15th to ensure that this player will have a roster spot for the 2010-11 Lightning program. After the 15th, you will need to see if there are any roster positions open.