

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Congratulations:**

You have been selected to be a member of the 11 + Under Boys, AVCSS Basketball Team for the 2004 season.

Please have the \$250 fee (checks payable to AVCSS), a copy of your birth certificate (if you participated last season AVCSS should have a copy on file), the signed Parent/Player contract, and the signed Parents Code of Ethics available on or before the first scheduled practice.

### **\*First Practice/Team Meeting:**

Will be on: \_\_\_\_\_, at \_\_\_\_\_  
(Date) (Time)

at \_\_\_\_\_ School.

If you have any questions please call me at  
555-5555.

Thanks,  
Coach AVCSS