



**PAL BASKETBALL REGISTRATION  
5<sup>th</sup>-8<sup>th</sup> GRADE BOYS/GIRLS**



***DEADLINE OCTOBER 13<sup>th</sup> –  
5<sup>th</sup> & 6<sup>th</sup> please turn the form into the Elementary Office  
7<sup>th</sup> & 8<sup>th</sup> please turn the form into the HS Office***

**PLEASE LET US KNOW IF YOU ARE INTERESTED IN PLAYING  
BASKETBALL THIS FALL/WINTER FOR ST ALBERT.**

**NAME:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **BOY**      **GIRL** (circle one)

**ADDRESS:** \_\_\_\_\_

**CITY/ST/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PARENTS NAME:** \_\_\_\_\_

**We would like to see how many kids are interested in PAL basketball so we can decide how many teams we will have in each age group and figure out how many coaches we will need. If you have any questions or would be interested in helping coach a team this year, please give me a call.**

**GEOFF HUBBARD**

**PAL BASKETBALL DIRECTOR**

**712-541-3020**

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