

5th Annual BCANY/ Empire Allstars Top 100 Showcase

Sunday, October 18th, 2009

All games will be played on one site, at RPI, Troy, New York .

Clinic Registration Forms

Player Contact Information:

Name of Nominated Player: _____ Age: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ E-mail: _____

High School: _____ High School Coach: _____

AAU Team: _____ AAU Coach: _____

Coach's Nomination:

Coach's Name: _____ Day time phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Phone: _____ Fax: _____

I hereby nominate _____ for participation in the BCANY's Empire Allstars Top 100 Clinic.

Nominating Coach's Signature: _____

Clinic Registration Fee is \$80.00 per participant **if paid in full on/or before October 11th, 2009.** Thereafter, the registration fee will be \$95.00 per participant. This form should be printed out, completed by the player/applicant. Each player should contact either their high school or AAU coach to obtain their signature, indicating their nomination for you to attend. Contact Clinic Director for more details, at the numbers shown below, or via e-mail, at: director@empireallstars.com Participants desiring to participate at both sites, can register for a single advance fee of \$150.00. There is no discount for participating at both sites if paying at the door.

Make Checks payable to **Empire Allstars Basketball** and mail along with your completed registration form to:

Empire Allstars Basketball
P.O. Box 401
Burnt Hills, New York 12027

Phone (518) 349-3888 (Voice mail only) Fax (518) 384-0610