



# ADULT BASKETBALL

2011-2012



- ELIGIBILITY:** Residents of the Village of Briarcliff Manor (VBMR) and the Briarcliff Manor School District (BMSD) who are 18 years of age & older. Non-residents (NONR) are welcome for an additional fee.
- PROGRAM:** Informal pick-up games will be organized by the Program Supervisor.
- LOCATION:** Briarcliff High School Gym
- DAY/TIME:** Wednesday & Thursday Evenings, 8:00 – 10:00 PM (Times may be adjusted due to gym availability)
- DATES:** Program begins on Wednesday, October 5<sup>th</sup>. Full year program will end in late July; specific end date is yet to be determined and depends upon gym availability.
- FEE OPTIONS:**
- |   |  |
|---|--|
| Full year, October 5 <sup>th</sup> – July 2012:                 | \$100.00 - VBMR/BMSD & \$125.00 - NONR |
| Fall/Winter, October 5 <sup>th</sup> – March 29 <sup>th</sup> : | \$60.00 - VBMR/BMSD & \$75.00 - NONR   |
| Spring/Summer, April 4 <sup>th</sup> – July 2012:               | \$40.00 - VBMR/BMSD & \$50.00 - NONR   |
- PLEASE NOTE:** All participants will be asked to sign in each evening, and should be prepared to show proof of residency. There is no "pay as you go" option. The Recreation Department reserves the right to close registration when deemed necessary.

***In the event of inclement weather, please call the Recreation Office at 941-6560.  
If schools are cancelled during the day, this program is cancelled for the evening.***



## ADULT BASKETBALL ~ 2011-2012



NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

**Please check one:**

- |                          |                            |  |                    |
|--------------------------|----------------------------|--|--------------------|
| <input type="checkbox"/> | Full Year (Oct.-July)      | \$100.00 - VBMR/BMSD & \$125.00 - NONR | Act. # 2200 Sec. 3 |
| <input type="checkbox"/> | Fall/Winter (Oct.-March)   | \$60.00 - VBMR/BMSD & \$75.00 - NONR   | Act. # 2200 Sec. 1 |
| <input type="checkbox"/> | Spring/Summer (April-July) | \$40.00 - VBMR/BMSD & \$50.00 - NONR   | Act. # 2200 Sec. 2 |

*The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, its employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation.*

E-Mail Address: \_\_\_\_\_

(For receipt/Dept. purposes only)

Signature

METHOD OF PAYMENT:  CASH  CHECK # \_\_\_\_\_  MasterCard / VISA \*\*

Checks payable to: **Village of Briarcliff Manor** (\$20 fee for returned checks).

**\*\* Credit Card information below is shredded after processing.**

DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ RECEIPT#: \_\_\_\_\_

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Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_