



Montville Recreation Department's

# BASKETBALL CLINIC



**WHO:** Grades 1-8 (Male and Female)  
\* This Clinic is Geared for "In-Town" Basketball Players **NOT** Traveling Team Players!

**WHAT:** An opportunity to learn **BASIC** basketball skills and drills. This is a great way to get ready for the upcoming basketball season! Come prepared to play! Wear comfortable clothing, sneakers and bring a water bottle.

**WHEN:** Tuesdays: September 24, October 8, 15, 22 & 29 (No: 10/1)

<u>SESSION</u>	<u>WHO</u>	<u>HOURS</u>
<b>1</b>	Gr. 1-5	4:00pm to 5:00pm
<b>2</b>	Gr. 6-8	5:15pm to 6:15pm

**WHERE:** Montville Community Park Outdoor Basketball Courts. *Dress for outdoor weather!*

**INSTRUCTOR:** Mr. Mergin Sina is an All-American player from the University of Rhode Island who has many years of professional experience playing in Europe. He has attended various NBA veterans camps and worked with some of the top basketball coaches in the country.

**FEE:** \$115.00 per person per 5 (five) week program.  
**NOTE:** There will be a \$20.00 processing fee for program refunds **PRIOR** to program start!

**PAYABLE TO:** Montville Recreation (located at 195 Change Bridge Road in Montville)

**REGISTRATION PROCEDURES:**

1. In Person on the Rec Desk Kiosk (Check, Cash with No Fees and/or Credit Card with a 3% Fee)
2. On-Line from Home (Echeck with 1% Fee OR Credit Card with 3% Fee)
3. Payment Drop Box in Municipal Building's Parking Lot (Check Only....must have family page set up on Community Pass)  
**OR** 4. Snail Mail (Check Only....must have family page set up on Community Pass)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>  
To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

**\*\*NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

**CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!**

**QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: [www.montvillenj.org](http://www.montvillenj.org)**



**LIKE us on FACEBOOK at:** <https://www.facebook.com/Montvillerec/>



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## **BASKETBALL CLINIC - Fall 2019**

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ D/O/B \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Home Phone \_\_\_\_\_

Primary Contact Name/Relation/Cell Phone # \_\_\_\_\_

Secondary Contact Name/Relation/Cell Phone # \_\_\_\_\_

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) \_\_\_\_\_

Emergency Name & Phone # (IF the above cannot be reached) \_\_\_\_\_

**Please Circle Grade/Class Time:**    **1**—Grades 1st-5th (4-5pm)    **OR**    **2**—Grades 6th-8th (5:15-6:15pm)

Please list any special needs that you or your child may have that will assist us in providing a successful experience:

\_\_\_\_\_

My child has my permission to participate in this class.  
I understand that the Recreation Department **DOES NOT** provide accident insurance.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE (8/6/19):** Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Date \_\_\_\_\_ Received By \_\_\_\_\_ **PROGRAM # 914**