



TRAINING



To register for one of our programs fill out this form and mail it to

Southwestern Ohio Basketball

1860 Garrett House Ln.

Fairfield, OH 45014

Name: _____

Phone No: _____

Email: _____

Cell No: _____

Parent(s) name: _____

School attending: _____ Grade: _____

Date of birth: _____ Age: _____

No. of Sessions: _____

Areas of Training Requesting: BALL HANDLING _____ FOOTWORK _____

SHOOTING _____ POST PLAY _____

Days / Times of Training: _____



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