Receive your

Dry-Fit Shirt upon enrollment
(Different colors for different levels)

Steps to Enroll

1. Fill out registration form below.
2. Send form and payment:(payable to MBA)
12901 sw 197 street
Miami, Fl 33177
3. Your registration confirmation will be sent via email!

Location: Westminster Christian School
Student Activities Center
6855 sw 152 street
Palmetto Bay, Fl 33157

Dates: Spring 2019 Season

Feb 25 - Apr 20

MBA Features

The one of a kind MBA Achievement System!
Official MBA Dry Fit Shirt!
Hot Shot-3pt Shootout-Scrimmages- and MORE!
Coaches who are CERTIFIED TEACHERS!
College Level Playing Experienced Staff!
Beautiful INDOOR GYMNASIUM!
Standings updated on iLOVEHOOPS.net

Pricing and Schedule

$350(Sibling discount $300)

Kin-2nd Grade
Mon/Wed 5:30-6:30, 4 Saturdays at 9am

3rd-4th Grade
Mon/Wed 6:30-7:30, 4 Saturdays at 9am

5th-6th Grade
Tues/Thurs 5:30-6:30, 4 Saturdays at 10am

7th-9th Grade
Tues/Thurs 6:30-7:30, 4 Saturdays at 10am
(Saturdays 3/23, 4/6, 4/13, 4/20)

WE HAVE HAD MULTIPLE SELL OUTS
Enroll today and guarantee your spot! Mail this completed registration form and payment(payable to MBA) below:
12901 sw 197 street
Miami, Fl 33177

For More Information:
(305) 409-3395 or iLOVEHOOPS.net

REGISTRATION

Last Name_____ **First Name**_____ **D.O.B.**_____
Grade_____ **School**_____ **Age**_____
Address_____ **City**_____ **Zip Code**_____
E-Mail(Confirmation and Pics are sent here, PLEASE PRINT) _____
Mother(Guardian) Name: _____ **Cell Phone -** _____
Father(Guardian) Name: _____ **Cell Phone -** _____
Emergency Contact Name: _____ **Cell Phone -** _____
Other Approved Pickup People -_____,_____,_____

I do hereby remise, release, and forever discharge Montes Basketball Academy, their subsidiaries, sponsors, directors, officers, employees, agents, insurers, owners, and operators, hereinafter collectively referred to as Releasee, for any incidence of theft, accidents, or other damages that may occur during my participation in Montes Basketball Academy. I do hereby remise, release, and forever discharge releasee, from all liability for injuries that I may incur as a participant in Montes Basketball Academy. I consent to Montes Basketball Academy. its agents, photographers taking and/or using photographs of my son/daughter for promotional and/or marketing purposes..

Signature of Parent or Guardian:_____ Date: _____