GRADE 5/6 Hooptime 2016

Name________________________
Grade________________________
Circle BOY / GIRL

Please tick the section that applies to you:

- I have never played basketball before

- I play/have played domestic basketball
  I play at the following stadium_________________________
  I play for the following team_________________________

- I play representative basketball
  I play for_________________________

PLEASE RETURN BY MONDAY 21ST MARCH TO: MRS SHUGG (ROOM 40)
OR MISS OHIS (ROOM 28)

OATLANDS PRIMARY SCHOOL WILL BE LIMITED TO A CERTAIN AMOUNT OF TEAMS, THUS A QUICK RESPONSE IS VITAL.
TRIALS WILL TAKE PLACE EARLY TERM 2 TO DETERMINE TEAM SELECTION.
SIMPLY RETURNING BY DUE DATE MAY NOT GUARANTEE A POSITION.
IF YOUR CHILD IS SUCCESSFULLY PLACED INTO A TEAM A PERMISSION FORM/PAYMENT REQUEST WILL BE SENT HOME.