

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 SELCTION.

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.