



2010 Wisconsin Pride Basketball Club
Membership Application



PLAYER INFORMATION

Players Name: _____ Age: _____
Date of Birth: _____ Grade 09/10: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____
School Attended: _____
Parent/Guardian: _____ Cell #: _____

POSITIONS PLAYED

(Check All Applicable)

Point Guard _____ Shooting Guard: _____
Swing _____ Center/Post: _____

Applying For What Team: _____

UNIFORM INFORMATION

Uniform Top Size: _____ Uniform Short Size: _____
Jersey # Requested: _____

PAYMENT INFORMATION

Please Send Form and Check to: Wisconsin Pride Basketball Club
Attn: Karl Kleinfeldt
108 Edward Circle
Verona, WI. 53593

Check Made Out To: Wisconsin Pride