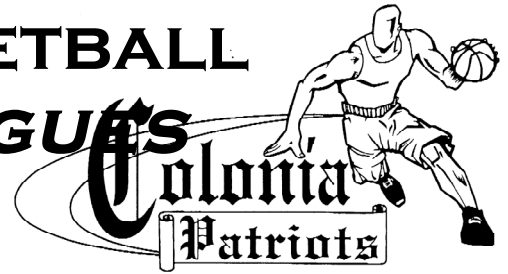


COLONIA HS BOYS BASKETBALL 2009 SUMMER LEAGUES



Dear Coach

April, 2010

I would like to bring to your attention an opportunity to join us in a summer program that we have been running for 11 years now. During late June & July, we run a summer league at Colonia High School on two levels. We are having a *Freshman League*, players entering the 8th or 9th grade in September of 2010, and a *Junior Varsity League (6 teams committed)* which will feature present 9th or 10th graders who project to be JV players for you next year. Place and challenge your players at which ever level you choose. If you have a middle school player (6th grader) who you think can play, include him on your roster. It's your call!

This league is sponsored by the Woodbridge Township Recreation Department and covered under the Recreation departments insurance however you will need to have all your players fill out a registration form when they become available.

Each league is guaranteed 8 games plus playoffs. Each league will play 2 nights a week. Game times range from 5 pm till 8pm at Colonia High School. All teams will receive 12 team jerseys. All checks are to be made out to Brian O'Lone .. We expect the leagues to begin on June 24th or June 25th

League fees' are \$475.00 per team of 12 players. First come first serve.

This has developed into a nice competitive league for the younger players and we welcome your participation in it this year.

Sincerely
Brian O'Lone

*Colonia HS Boys Basketball, c/o Brian O'Lone 180 East St, Colonia, NJ 07067 732-499-6530
Fax 732-396-0192*

Email at Colonia HS brian_olone@woodbridgек12.nj.us

Colonia H.S. Summer Leagues For Incoming Freshman and JV

Duplicate for Every Member of Your Team

REGISTRATION FORM

Name: _____
(last) (first)

School/ Town:

League Level: Frosh JV

EMERGENCY INFORMATION

Name of Parent/Guardian: _____

Home Phone: _____ Emergency: _____

Insurance Company: _____

Special Conditions: _____
(allergies or special conditions the coach should know about)

I hereby certify that my son/daughter is in good health and has my permission to participate in the Woodbridge Township Sports Camp program. In addition, I give my permission for emergency treatment to be given my son/daughter in the event of an accident, injury, sickness, etc., at a local hospital.

Parent/Guardian: _____
(signature)

Date: _____

*** Enclose separate check for each camp week ***

For office use only Camp(s) <input style="width: 150px; height: 20px;" type="text"/>
Payment <input type="checkbox"/> _____ (check #) <input type="checkbox"/> _____ (M.O. #)

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