



Worcester & Lower Providence Township Parks & Rec present...
Winning Ways Basketball in Worcester

@ Fairview Village Church (Eagleville, PA)
Where Every Child is a Winner!

BASKETBALL SKILLS CLINICS

*Offensive Skills instruction: shooting, passing
& ball handling*

Monday, January 18 & Monday, February 15
(Methacton Schools are Closed!)

Only \$25 per day for 1st child
(10% discount for siblings)

Register now for both days: \$45 for 1st child
(10% discount for siblings)

9am-11am Co-Ed, grades K-3

11am-1pm, Girls, grades 4-8

1pm-3pm, Boys, grades 4-8

Free T Shirt for all participants!

Learn basic basketball fundamentals from Winning Ways
Basketball...

Building Character Through Sports!

Questions? Please call Worcester Township at 610-584-1410

Worcester & Lower Providence Townships Parks & Recreation in Partnership with... Winning Ways Basketball
Basketball Skills Clinic - Monday, January 18 & Monday, February 15
Fairview Village Church, 3044 W. Germantown Pike, Eagleville, PA 19403

Please return the completed registration form to:
WORCESTER TOWNSHIP, P.O. Box 767, Worcester, PA 19490
FAX: 610-584-8901

Name _____ Gender _____

Age _____ 2009-10 Grade _____ School _____

Parent/Guardian Name: _____ Email: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Waiver & Release: I understand that any camper who does not abide by the rules and regulations promulgated by the camp is subject to dismissal without reimbursement or recourse.
Liability Waiver: I hereby authorize the Director of Winning Ways East, Inc., Fairview Village Church and Worcester Township or Lower Providence Township to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby release, discharge and indemnify Worcester Township, Lower Providence Township, Fairview Village Church and Winning Ways East, Inc. camp staff, affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of, or in connection with, my and/or my child's participation in the camp.

Parent's Name: _____ Signature: _____

Date: _____

Please register my child for the following:

- Monday January 18, 9-11am (coed, grades K-3), \$25
 - Monday January 18, 11am-1pm (Girls, grades 4-8), \$25
 - Monday January 18, 1-3pm (Boys, grades 4-8), \$25
 - Monday February 15, 9-11am (coed, grades K-3), \$25
 - Monday February 15, 11am-1pm (Girls, grades 4-8), \$25
 - Monday January 18, 1-3pm (Boys, grades 4-8), \$25
 - BOTH DAYS January 18 & February 15, 9-11am (coed, grades K-3), \$45
 - BOTH DAYS January 18 & February 15, 11am-1pm (Girls, grades 4-8), \$45
 - BOTH DAYS January 18 & February 15, 1-3pm (Boys, grades 4-8), \$45
- 10% discount for second and subsequent siblings**

Payment Information:

- ___ Check Enclosed (made payable to Worcester Township)
- ___ I will pay in person at the Township Building prior to event's start date
- ___ Visa/MasterCard Payment (Please complete below)

Name on Card: _____

Credit Card Account Number: _____

Expiration Date: _____ 3-digit security code from card back: _____

Credit Card Billing Address: _____

Cardholder's Signature: _____