



# The National Basketball Academy Presents

## 2010 Fall Travel Team All Pro, Avon, Ohio September 5<sup>th</sup> – November 7<sup>th</sup>

**Who:** Session 1: Boys and Girls entering grades 4<sup>th</sup> through 9<sup>th</sup> and JV & Varsity Divisions

**What:** Fall Travel Team - Team Highlights:

- TNBA Coaches
- Divisions: 4,5,6,7,8,9, JV, Varsity
- Games will be on time
- Good Competition
- Includes Jersey
- Fundamental focus in practices to best prepare for school season

**When:** Games will begin on **September 12, 2010** thru **October 31<sup>st</sup> for girls.**  
Games will begin on **September 12, 2010** thru **November 7<sup>th</sup> for boys.**  
Practice for boys and girls will begin 1 week prior to 1<sup>st</sup> game, September 5<sup>th</sup>. Each team will practice for 1.5 hrs one time per week, then games on Sundays.

**Where:** **Practice:** All Pro 1200 Chester-Industrial Pkwy Avon, Ohio 44011  
**Games:** Midpark High School & Berea High School

**Why:** To give players the opportunity to progress in skill development and competitiveness. All skill levels are accepted.

**Cost: \$215 per Individual (Individual registrations only)**

**Registration Ends September 3rd ...**

**Register by online at [www.thebasketballacademy.com](http://www.thebasketballacademy.com)  
Or mail form and check : 23400 Mercantile Road Beachwood OH 44122**

**Make checks payable to : TNBA**

<b>2010 Fall Travel League</b>				
PARTICIPANT NAME		Session 1 or 2 (circle one)		
AGE OF PLAYER	GRADE	T-SHIRT SIZE adult or youth: S M L XL XXL (circle one)		
PARENT/GUARDIAN				
ADDRESS				
CITY	STATE	ZIP	CELL PHONE (    )	
DAY PHONE (    )		EMAIL(required)		
EMERGENCY CONTACT		EMERGENCY PHONE (    )		
<input type="checkbox"/> CHECK/MONEY ORDER PAYABLE TO: THE NATIONAL BASKETBALL ACADEMY				
<input type="checkbox"/> CREDIT CARD #		EXP DATE (MM/DD)	3 DIGIT SECURITY #	
<b>CREDIT CARDS SUBJECT TO A 3% SERVICE CHARGE</b>				
I hereby authorize the staff of The National Basketball Academy camp or the facility to act for me in their best judgment in an emergency requiring medical attention. I here by waive and release the camp or any person connected with the camp from any liability for any injuries or accidents incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp.				
<b>PARENT/GUARDIAN SIGNATURE</b>				

**Questions? Email Steve at [svega@thebasketballacademy.com](mailto:svega@thebasketballacademy.com)**