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VOLUNTEER HELP NEEDED!

Wrightstown's Full-Court
Club needs parents to help
assist teams with supervision.
Guidance will be provided by
the High School coaching
staffs. The High School
players will assist with drills
and coaching/refereeing
games, but we still are in
need of volunteer parents to
help assist with supervision of
our Young Tiger teams.

Please help volunteer by checking the appropriate check box on the Young Tiger entry form located just above your signature. Thank you in advance for your much needed help with our very popular Young Tiger program.

??QUESTIONS??

PLEASE CALL
JIM & KATHY HANSEN
@ (920) 532-0088

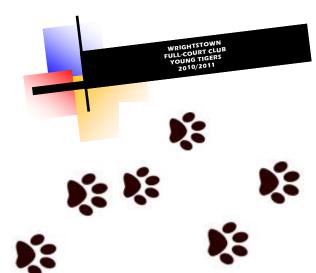
EMAIL: hansen6@new.rr.com





www.wfcchoops.com

WRIGHTSTOWN
FULL-COURT CLUB
YOUNG TIGERS
2010/2011



WFCC YOUNG TIGERS BASKETBALL PROGRAM



Kindergarten Through Fourth Grade

WFCC YOUNG TIGERS **PROGRAM**

Where: WHS FIELDHOUSE

When: SATURDAY MORNINGS

November 13th

November 20th

November 27th

December 4th

December 11th

December 18th

Times:

Kindergarten (Co-Ed)

8:30-9:40 a.m.

1st and 2nd Grade (Split by Gender)

9:50-11:00 a.m.

3rd and 4th Grade (Split by Gender)

11:10-12:20 p.m.

OUR WFCC YOUNG TIGER PLAYERS will have the opportunity to work with the WHS Boys' and Girls' Basketball Coaching Staff and WHS Players every Saturday they attend. They will learn basketball fundamentals and teamwork, as well as, have a lot of fun while developing their overall knowledge of the great game of basketball!

To register, complete and detach the right side of this brochure and mail form with \$30 payment to:

> Wrightstown Full-Court Club (WFCC) c/o Jim & Kathy Hansen 30 Golden Wheat Lane Wrightstown, WI 54180



www.wfcchoops.com

Cost is \$30.00 per child





YOUNG TIGER ENTRY FORM



3	
	Please print child's name
	*If more than one child per family, please complete one entry form per child.
e 3	Grade in 2010/2011 School Year
S e	Female Male
	Phone ()
C	Email Address
	T-shirt Size (check one)
P	Youth Medium Youth Large
	A deale Consult A A A Lichard 12

P	Youth Medium	Youth Large
	Adult Small	Adult Medium

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1	I hereby authorize the Program Directors or any other coach to act for me according to his/her best judgment in
e	any emergency requiring medical attention. I hereby waive and release the program staff from any and all liabili
	ties for any injury and/or illness incurred while at Young
	Tigers. I have no knowledge of any physical impairment
0	that would affect my child's participation in this clinic

	Yes, I am interested in assisting with my child's team!
_	Yes, I am interested in assisting with
	my child's team!

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	Parent Signature

1	Please make \$30.00 per player payment
	payable to:



