



2017 FALL FURY BASKETBALL LEAGUE



GLASS CITY ATHLETICS IS PROUD TO BE CELEBRATING 23 YEARS SERVING THE COMMUNITY!

The Fury is excited to host a Fall Basketball League this September and October! Play on an exclusive Fury Team or bring your own team. All games will take place at the Paragon: 1590 Albon Road, Suite 12 Holland, Ohio 43528.

GAME DAYS: Sunday's: 9/10, 9/17, 9/24, 10/1 and 10/8.

GAME TIMES: Grades 5/6 from 12:30-2:30 pm; Grades 7/8 from 2:30-4:30 pm; Grades 9-12 from 4:30-6:30 pm.

Players will be divided into female/male teams. Grades 7 -12 will be formed with adherence of the Ohio High School Rules. High School level of play will be Freshman, JV and Varsity.

PLAY ON A FURY TEAM:

There is not another program in the area that offers a league with a training component. All sessions are conducted by the best basketball clinicians in the area.

PLAYERS: Grades 5 -12 as of Fall 2017

COST: \$205 per player and includes a t-shirt uniform.

PRACTICE: Players will receive a minimum of two games per game day and a weekly skill enhancement practice. Skill enhancement practices dates and times are TBD.

BRING YOUR OWN TEAM:

Already have a team? The Fury invites you to bring your team to play in their Fall League.

PLAYERS: Teams in grades 5 - 6 as of Fall 2017

COST: \$285 per team. Each team needs to pay half of the official fee (\$20 per game, cash please). If you are playing on a Fury team, the officials costs already included.

REGISTER: Please mail in the sign-up form below or register online at www.glasscityathletics.com! Registration ends 8/25/17.

We are able to accept a limited number of players/teams for each group. Sign-up today - don't wait!

For more information contact Dana Hooper:

☎ 419-261-0067 ✉ dahooper@roadrunner.com 🌐 www.glasscityathletics.com 🏠 The Paragon, Suite 12
1590 Albon Rd Holland, OH 43528

✂ FALL FURY LEAGUE 2017 - SIGN-UP FORM:

PLAYER SIGN-UP FOR A FURY TEAM:

Player Name: _____

Gender: _____ Date of Birth: _____

Player Grade (as of Fall 2017): _____ School: _____

Preferred Position : _____ T-Shirt Size: _____

Address: _____

City, State, Zip: _____

Parent's Name(s): _____

Parent's Email: _____ Parent's Phone: _____

TEAM SIGN-UP (Grades 5/6 only):

Team Name: _____ Gender: _____ Grade: _____

Coach's Name _____

Coach's Email: _____ Coach's Phone: _____

📧 Please mail form and payment to: Glass City Athletics 1590 Albon Road Suite 12, Holland, Ohio 43528