

# Belleville Parks & Recreation Department

# LITTLE DRIBBLERS



Little Dribblers - is a non-competitive, co-recreational approach to teaching safe Basketball to children before school leagues begin. Teams consist of a maximum of 10 players. Each team will practice fundamentals for the first 25 minutes and then will compete against another team during the last 25 minutes.

All players will receive a T-shirt.

**Age:** 4, 5, & 6 year olds

**Dates:** March 20, 27 & April 10, 17, 24

**Days:** Saturdays

**Time: Session 1** 1:00 - 1:50 p.m.

Or **Session 2** 2:00 - 2:50 p.m.

**Total of 20 participants max per session**

**Location:** Nichols Community Center, 515 East "D" Street, Belleville, IL 62220

**Cost:** \$40.00

## BENEFITS OF PARTICIPATION

- Builds confidence & self esteem in children
- Fun & Positive early experience in sports
- Helps prepare kids for future sports participation
- Helps prepare kids for specific sports
- Promotes Teamwork, Sportsmanship and FUN

## *5 Fast and Easy Ways to Register*

Limited Registration - Only 20 Participants per Session

★★ Complete registration form on back ★★

- On-Line Registration at [www.belleville.net](http://www.belleville.net) / Green Online Activity Registration Button
- Mail: 510 West Main St., Belleville, IL 62220
- Walk in or Drop Box: 510 West Main St., Belleville, IL 62220 (Office Hours: 8:00 a.m. - 4:30 p.m.)
- Call: 618-233-1416
- Fax: 618-233-1449

\* \* We Accept All Major Credit Cards \* \*



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## Winter 2010 - Little Dribblers



Please fill out completely - PRINT CLEARLY

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ SEX: M F

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE IN FALL (Fall of 2009): \_\_\_\_\_

FAMILY EMAIL: \_\_\_\_\_

**\*SHIRT SIZE PLEASE CIRCLE ONE: YS, YM, YL, AS, AM**

Session Time Choice:  1:00 p.m.  2:00 p.m.

- Maximum 20 players per session, filled on First-Come-First-Served basis.

If your First Choice Session Time is full, do you want to be added to the other Session Time? Yes  No

PARENT NAME (Father/Guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

PARENT NAME (Mother/Guardian) \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### LEAGUE OFFICIAL USE ONLY

AMOUNT PAID \$ \_\_\_\_\_ CASH/CHECK # \_\_\_\_\_ CREDIT CARD

REGISTRATION DATE: \_\_\_\_\_

Comments: \_\_\_\_\_