

ALL BASKETBALL TEAMS WELCOME!

CYO • Tri-County • Town Recreation Teams • AAU • Travel Teams

WINTER SUPER LEAGUE



NOVEMBER 18, 2024-FEBRUARY 14TH, 2025
BOYS AND GIRLS - A, B AND C DIVISIONS

PLAY: 3rd - 10th grades: 12 regular season games plus playoff

Games Run: November 18, 2024-February 14, 2025

Playoffs/Finals: February 10, 2025-February 14, 2025

COST: \$1,350.00 per team. Fee Includes: certified referees.

Champions receive Medals. Practice time available for purchase before and during league.

FORMAT:

Super League will be comprised of boys' and girls' divisions ranging from 3rd to 10th grade.

Each grade level will be divided into 3 divisions with Division A being the most competitive and Division C being the least.

REGISTRATION REQUIREMENTS:

All fees must be paid by **Friday, November 1st**. A completed roster must be on file with league administrators by first game. **Please make checks payable to AMBC2**. We also accept major credit cards.

Online Registration Available at WWW.AMBCLUB2.COM Under the Super League tab.

TEAM BENEFITS:

- **MAKE YOUR OWN SCHEDULE.** Games can be scheduled on any day of the week/weekend. **No changes to schedule once meeting completed.** See 2nd page for meeting dates & times.
- Play in more than one league for the winter months. Diversify your competition.
- **CHOOSE YOUR LEVEL OF COMPETITION.**
 - Level A – AAU teams, top CYO and travel teams
 - Level B - Competitive CYO and Travels Teams.
 - Level C - In-house rec teams and lower level CYO teams.
- Schedules and game results will be posted and updated on a regular basis on our website.



NO REFUNDS AFTER SCHEDULING MEETING

2024-25 WINTER SUPER LEAGUE

REGISTRATION FORM

Group (Please Circle):

Girls Boys **Level** A / B / C

Grade (Please Circle):

3 4 5 6 7 8 9 10

Team Name: _____

Head Coach: _____

Mobile Telephone: _____

Email: _____

Credit Card Information

Method of Payment: (please print)

- Check (enclosed)
 Visa MasterCard

Credit Card No: _____ Expiration Date: _____

Security Code: _____ Zip Code: _____

Please send your completed form with check payable to: **AMBC2**

Send To: AMBC2 22 Sutton Place Brewster, NY 10509 \$25 returned check fee

Scheduling Dates: (6:30pm at the Hardscrabble Club)

Girls' 8th, 7th **Wednesday, November 13th**

Girls' 6th, 5th, and 4th **Thursday, November 14th**

Boys' 8th and 7th **Friday, November 15th**

Boys' 6th and Boys' 5th **Monday, November 18th**

Boys' 4th and Boys' 3rd **Tuesday, November 19th**

Boys' 9th and 10th **Monday, November 25th**

Disclaimer: I hereby authorize the staff of the **AMBC2** to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release **AMBC2/Hardscrabble Club** from all liability for any injuries or illnesses incurred while participating at the facility or property. I have no knowledge of any physical impairment that would affect the player's participation, named to the above, in the league or tournament as outlined in the information. I also understand that **AMBC2** has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the tournament/league fees and refund policies.

Signed: _____ Date: _____