

**ALL BASKETBALL TEAMS WELCOME!**

# **SUPER LEAGUE**

## **SPRING 2025**

**BOYS GRADES 3RD - 8TH:**

\$950 per team

**GIRLS GRADES 4TH - 8TH:**

\$950 per team

**START DATE:** March 17, 2025 - **END DATE:** May 16, 2025

**Playoffs:** May 19th -22nd

8 games plus playoffs

Champions will receive medals!



Registration must be paid by Monday, March 10th.

Please register at [ambclub2.com](http://ambclub2.com) on the Super League Tab.

### **TEAM BENEFITS:**

- **MAKE YOUR OWN SCHEDULE.** Games can be scheduled on weekdays/weekends. No changes to schedule once meeting completed.
- **CHOOSE YOUR LEVEL OF COMPETITION.**
  - Level A – AAU teams, top CYO and travel teams
  - Level B - Competitive CYO and Travels Teams.
- **SCHEDULES AND GAME RESULTS WILL BE POSTED AND UPDATED ON A REGULAR BASIS ON OUR WEBSITE:** [www.ambclub2.com](http://www.ambclub2.com)

### **Scheduling Meeting Dates:**

**Time:** 6:30pm at the Hardscrabble Club at 22 Sutton Place Brewster, NY

**Boy's 8<sup>th</sup>/7<sup>th</sup>** – Monday, March 10<sup>th</sup>

**Boy's 6<sup>th</sup>/5<sup>th</sup>** – Tuesday, March 11<sup>th</sup>

**Boy's 4<sup>th</sup>/3<sup>rd</sup>** – Wednesday, March 12<sup>th</sup>

**Girl's 8<sup>th</sup>/7<sup>th</sup>/6<sup>th</sup>** – Thursday, March 13<sup>th</sup>

**Girl's 5<sup>th</sup>/4<sup>th</sup>** – Friday, March 14<sup>th</sup>

For more information contact Al Morales at (845) 406-0130 or at [amirhoops12@gmail.com](mailto:amirhoops12@gmail.com)

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# 2025 SPRING SUPER LEAGUE

**BOYS GRADES 3RD - 8TH:** \$950 per team  
**GIRLS GRADES 4TH - 8TH:** \$950 per team

**Group** (Please Circle):

Girls      Boys      Level A / B

**Grade** (Please Circle):

3      4      5      6      7      8      (It is the grade you are currently in)

Team Name: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please send your completed form with check payable to:

**AMBC2**

**22 Sutton Place Brewster, NY 10509**

\$25 returned check fee.

Registration must be paid by Monday, March 10<sup>th</sup>.

**NO REFUNDS AFTER SCHEDULING MEETING.**

Method of Payment: (please print)

- Check (enclosed)  
 Visa    MasterCard

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security 3-digit code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**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 camp, 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 camp refund policies.

**Coaches Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_