

# ALL BASKETBALL TEAMS WELCOME!

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

## WINTER SUPER LEAGUE



NOVEMBER 18, 2025-FEBRUARY 13<sup>TH</sup>, 2026  
BOYS AND GIRLS - A, B, AND C DIVISIONS

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

**Games Run:** November 17, 2025-February 13, 2026

**Playoffs/Finals:** February 9, 2025-February 13, 2026

**COST:** \$1,225.00 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 **Monday, November 3rd**. 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](http://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**

# 2025-26 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 111 Old ROUTE 6 Carmel, NY 10512 \$25 returned check fee

### **Scheduling Dates: (6:30pm at the Carmel Sports Club)**

Girls' 8<sup>th</sup>, 7<sup>th</sup> **Wednesday, November 12<sup>th</sup>**

Girls' 6<sup>th</sup>, 5<sup>th</sup>, and 4<sup>th</sup> **Thursday, November 13<sup>th</sup>**

Boys' 8<sup>th</sup> and 7<sup>th</sup> **Friday, November 14<sup>th</sup>**

Boys' 6<sup>th</sup> and Boys' 5<sup>th</sup> **Monday, November 17<sup>th</sup>**

Boys' 4<sup>th</sup> and Boys' 3<sup>rd</sup> **Tuesday, November 18<sup>th</sup>**

Boys' 9<sup>th</sup> and 10<sup>th</sup> **Monday, November 24<sup>th</sup>**

**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/Carmel Sports 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: \_\_\_\_\_