

ALL BASKETBALL TEAMS WELCOME!

SUPER LEAGUE

SPRING 2026

BOYS GRADES 3RD - 8TH:

\$995.00 per team

GIRLS GRADES 4TH - 8TH:

\$995.00 per team

START DATE: March 16, 2026 - **END DATE:** May 15, 2026

Playoffs: May 18th -21st

8 games plus playoffs

Champions will receive awards.



Registration must be paid by Friday, March 6th.

Please register at ambclub2.com on the Super League Tab.

TEAM BENEFITS:

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

Scheduling Meeting Dates:

Time: 6:30pm at the Carmel Sports Club at 111 Old Route 6, Carmel, NY 10512

Boy's 8th/7th – Monday, March 9th

Boy's 6th/5th/4th – Tuesday, March 10th

Girl's 8th/7th/6th/5th – Wednesday, March 11th

For more information, contact Al Morales at (845) 406-0130 or at amjrhoops12@gmail.com

Please go to www.ambclub2.com and register on the Super League tab.

2026 SPRING SUPER LEAGUE

BOYS GRADES 3RD - 8TH: \$995.00 per team

GIRLS' GRADES 4TH - 8TH: \$995.00 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 a check payable to:

AMBC2

111 Old Route 6, Carmel, NY 105129

\$25 returned check fee.

Registration must be paid by Friday, March 6th.

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 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 am not aware of any physical impairment that would affect the players' participation, as mentioned 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:** _____