



VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT
 3 LIBRARY ROAD, BRIARCLIFF MANOR, NY 10510
 Phone: (914) 941-6560 ~ Fax: (914) 944-2748
 www.briarcliffmanor.org



ADULT BASKETBALL

2016-2017

- ELIGIBILITY:** Residents of the Village of Briarcliff Manor (VBM) and the Briarcliff Manor School District (BMSD) who are 18 years of age & older. Non-residents (NONR) are welcome for an additional fee. Non-resident registration is limited.
- PROGRAM:** Informal pick-up games will be organized by the Program Supervisor.
- LOCATION:** Briarcliff High School Gym
- DAY/TIME:** Wednesday & Thursday Evenings, 8:15 – 10:00 PM (Times and gyms may be adjusted due to availability)
- DATES:** Program begins on Wednesday, September 30th. Full year program will end in June; specific end date is yet to be determined and depends upon gym availability.
- FEE OPTIONS:**
- | | |
|--|---------------------------------------|
| Full year, September 28 th – June 2017 | \$100.00 - VBM/BMSD & \$175.00 - NONR |
| Fall/Winter, September 28 th – March 30 th | \$60.00 - VBM/BMSD & \$100.00 - NONR |
| Spring/Summer, April 5 th – June 2017 | \$40.00 - VBM/BMSD & \$75.00 - NONR |
- PLEASE NOTE:** No "pay as you go" option. Non-resident registrations will be limited. The Recreation Department reserves the right to close registration when deemed necessary.
In the event of inclement weather, please call the Recreation Office at 941-6560.
If schools are cancelled during the day, this program is cancelled for the evening.



ADULT BASKETBALL ~ 2016-2017



NAME: _____ PHONE: _____

ADDRESS: _____

Please check one:

- | | | |
|---|---------------------------------------|--------------------|
| <input type="checkbox"/> Full Year (Sept-June) | \$100.00 - VBM/BMSD & \$175.00 - NONR | Act. # 2200 Sec. 1 |
| <input type="checkbox"/> Fall/Winter (Sept-March) | \$60.00 - VBM/BMSD & \$100.00 - NONR | Act. # 2200 Sec. 2 |
| <input type="checkbox"/> Spring/Summer (April-June) | \$40.00 - VBM/BMSD & \$75.00 - NONR | Act. # 2200 Sec. 3 |

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, its employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation.

E-Mail Address: _____

(For receipt/Dept. purposes only)

Signature

METHOD OF PAYMENT: CASH CHECK # _____ MasterCard / VISA ** (additional 2.5% fee)

Checks payable to: **Village of Briarcliff Manor** (\$20 fee for returned checks).

** Credit Card information below is shredded after processing.

DATE: _____ AMOUNT: _____ RECEIPT#: _____

Credit Card #: _____ Exp. Date: _____ Cardholder Signature: _____