



ANTIGUA AND BARBUDA BASKETBALL ASSOCIATION

J.S.C. SPORTS COMPLEX, OLD PARHAM ROAD
P.O.BOX 3556, ST. JOHN'S, ANTIGUA

2022 ABBA Youth Basketball Summer Camp Registration Form

First name: _____ Last name: _____

D.O.B: _____ Age: _____

Gender: [] Male [] Female

Address: _____

Country of Birth: _____ Nationality : _____

Do you have a valid Antigua & Barbuda Passport? YES NO

Do you have a valid United States of America Visa? YES NO

Contact Number: _____ Email: _____

Parent's Information

Parent Name: _____

Parent Contact Number: _____

I hereby give my child _____ consent to participate in the 2022 ABBA Youth Basketball Summer Camp.

Parent Signature: _____ Date: _____

FOR OFFICIAL USE

RECEIVED BY:

DATE:



PRESIDENT

MR. MICHAEL FREELAND
E: MICHAEL_FREELAND@OUTLOOK.COM
TEL: (268) 464-6978

GENERAL SECRETARY

MISS JENNEL WILLETTE
E: JENNEL_WILLETTE@HOTMAIL.COM
TEL: (268) 724-5588

TREASURER

MISS CHARMAINE WETHERILL
E: CEBONYW@GMAIL.COM
TEL: (268) 780-0084

