



Spiece Fieldhouse  
 Home of Gym Rats Basketball  
 Located at 5310 Merchandise Drive  
 Fort Wayne, IN 46825  
 Office 260-471-5270 • 260-471-3469 (FAX)  
 Email: bill@gymratsbasketball.com  
 www.gymratsbasketball.com

# Gym Rats Basketball Academy Skills Instruction

## Entry Application

### Please Select One of the Following Options

- 1 on 1 Individual Skill Instruction - Price is \$350.00 for 5 week session per individual
- 2 Person Group Skill Instruction - Price is \$200.00 for 5 week session per individual
- 3 Person Group Skill Instruction - Price is \$175.00 for 5 week session per individual
- 4 Person Group Skill Instruction - Price is \$150.00 for 5 week session per individual

All sessions are 5 weeks and will be held on Wednesday and Thursday Evenings. Times are listed below.

### Times for Skill Instruction. PLEASE CIRCLE ONE:

#### Wednesday Evenings

6:00 p.m. - 7:00 p.m.

7:00 p.m. - 8:00 p.m.

8:00 p.m. - 9:00 p.m.

#### Thursday Evenings

6:00 p.m. - 7:00 p.m.

7:00 p.m. - 8:00 p.m.

8:00 p.m. - 9:00 p.m.

Please Circle One: Boys Girls School Attending: \_\_\_\_\_

Circle Current Grade/Playing Level: 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade  
 9th Grade 10th Grade 11th Grade 12th Grade College or Above

Individual Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Business/Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

PLEASE CIRCLE FORM OF PAYMENT:	Check	Money Order	Master Card	Visa Card
Card #:	_____		Expiration of Card	_____
CVV2 or V-Code:	_____ (Last three digits in signature line on back of card)			
Billing Address:	_____		City:	_____
State:	_____	ZipCode	_____	
I, _____ hereby give the "Gym Rats" authorization to charge the following items and amounts.				

Make Checks Payable to GYM RATS INC.  
 Mail or Fax Payments to: GYM RATS INC.  
 P.O. BOX 80640  
 Fort Wayne, IN 46898-0640  
 Fax (260) 471-3469

If you have any questions, please stop by our office at the Spiece Fieldhouse or call us at (260) 471-5270  
 E-Mail: bill@gymratsbasketball.com

EACH PLAYER MUST READ AND SIGN THE WAIVER PRINTED ON THE BACK. ENTRY WILL NOT BE ACCEPTED WITHOUT A SIGNATURE.

PLEASE VISIT OUR WEBSITE AT: www.gymratsbasketball.com for additional information.

Click on Gym Rats Basketball Academy icon for more details.