



**2010 Individual Skills Session  
Registration Form  
August 21 – Oct 10th**



| 2 - 6th Grade        | 7 – 12th Grade<br>Girls | 7 - 12th Grade Boys |
|----------------------|-------------------------|---------------------|
| Sat/Sun 9:00 – 11:00 | Sat/Sun 11:00 –1:00     | Sat/Sun 1:00 -3:00  |

**Location:** Immaculate Conception Gym Spotswood, NJ      **Fee:** \$375

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age Group Registered For:  
\_\_\_\_\_

I hereby consent to have my child participate in the NBS program. I will not hold the organization or any of its representatives responsible for any loss or injury incurred.

Parent / Guardian Signature \_\_\_\_\_

Contact us @: NBS Office  
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