



PRINCE GEORGE'S COUNTY BOYS AND GIRLS CLUB, INC.
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2020 GIRLS BASKETBALL QUESTIONNAIRE

QUESTIONNAIRE/ROSTER DUE DATE – DECEMBER 9, 2019

NAME OF CLUB:		
COMMISSIONER NAME:		
STREET ADDRESS:		
CITY/STATE/ZIP CODE:		
HOME #:	CELL #:	WORK #:
EMAIL ADDRESS:		

Please list teams in chronological/classification order with the #1 team being first.

AGE OF TEAMS	# OF TEAMS	AAA	AA
8 & UNDER			
10 & UNDER			
12 & UNDER			
14 & UNDER			
16 & UNDER			

**Age Groups are based on the age the player becomes on
 January 1, 2020**

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COMMISSIONER'S SIGNATURE

DATE

GYM LOCATION: (Give name of school/gym and directions)

Please complete the entire form as well as the attached field/gym chart. Please submit a copy of your school permit with the questionnaire with at least **2 hours of gym time per team per week available for the county to schedule games.** **DUE – DECEMBER 9, 2019.**

OVER

WILL YOUR CLUB USE A COUNTY SCHOOL? If **YES**, The Board of Education has requested that each club have on file with this office the name of the person in charge of the gym while being used by your club. Please list the name and phone number of your turnkey person below: Gym dates and hours to be completed on the gym chart – please see attached.

Name:		Phone #:
Turnkey Contact Person:		
CITY/STATE/ZIP CODE:		
HOME #:	CELL #:	WORK #:
EMAIL ADDRESS:		

◇ Please list the coach of each team, with their complete mailing address and email address. In addition, please fill out their home and work telephone numbers with area code. The home number is for the coach's directory. NOTE: work and cell phone numbers are for office use only. Please note the preferred number to contact the coach for short notice scheduled changes.

Age Groups based on age of child on January 1, 2020

Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ _____ Phone(home): _____ Phone (cell): _____ Email: _____	Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ _____ Phone(home): _____ Phone (cell): _____ Email: _____
Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ _____ Phone(home): _____ Phone (cell): _____ Email: _____	Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ _____ Phone(home): _____ Phone (cell): _____ Email: _____
Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ _____ Phone(home): _____ Phone (cell): _____ Email: _____	Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ _____ Phone(home): _____ Phone (cell): _____ Email: _____

Age Groups based on age of child on January 1, 2020

Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____	Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____
Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____	Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____
Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____	Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____

Age Groups based on age of child on January 1, 2020

Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____	Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____
Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____	Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____
Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____	Age Group: _____ Team #(check one): 1 2 3 4 Classification (check one): AAA AA Coach (check one): Head Assistant Name: _____ Address: _____ Phone(home): _____ Phone (cell): _____ Email: _____

CALENDAR GYM CHART

Name of Club: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

PLEASE REMEMBER TO LIST ANY *EXCEPTIONS* TO THE INFORMATION SUBMITTED ON THIS FORM, i.e., DATES YOU DON'T HAVE A PERMIT FOR THE FIELD. *ALSO*, IT IS VERY IMPORTANT TO LIST ALL DATES WHICH YOUR TEAMS *CANNOT* PLAY DUE TO SCHOOL FUNCTIONS OR OTHER EVENTS INCLUDING OVERNIGHT FIELD TRIPS, GRADUATIONS, CLUB BANQUETS, ETC. PLEASE LIST ANY SUCH DATES BELOW IN ORDER TO AVOID SCHEDULING CONFLICTS.

EXCEPTIONS: _____
