



PRINCE GEORGE'S COUNTY BOYS AND GIRLS CLUB, INC.  
 7833 Walker Drive, Suite 430, Greenbelt, MD 20770  
 Web site: [www.pgcbgc.com](http://www.pgcbgc.com)

Phone: (301) 446-6800  
 Fax: (301) 446-6801  
 TTY: (301) 446-6802

Byron Thompson  
 (301) 446-6818  
 Countywide Sports Coordinator  
[Byron.Thompson@pgparks.com](mailto:Byron.Thompson@pgparks.com)

Lawrence Sedgwick  
 (301) 446-6800  
 Executive Director  
[Executive.Director@pgcbgc.com](mailto:Executive.Director@pgcbgc.com)

Susan Hoyle  
 (301) 446-6819  
 Administrative Assistant 1  
[Susan.Hoyle@pgparks.com](mailto:Susan.Hoyle@pgparks.com)

## **2020 BOYS BASKETBALL QUESTIONNAIRE**

### **QUESTIONNAIRE/ROSTER DUE DATE – DECEMBER 9, 2019**

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

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

AGE OF TEAMS	# OF TEAMS	AAA	AA
<b>8 &amp; UNDER</b>			
<b>9 &amp; UNDER</b>			
<b>10 &amp; UNDER</b>			
<b>11 &amp; UNDER</b>			
<b>12 &amp; UNDER</b>			
<b>13 &amp; UNDER</b>			
<b>14 &amp; UNDER</b>			
<b>15 &amp; UNDER</b>			
<b>16 &amp; UNDER</b>			
<b>17 &amp; UNDER</b>			
<b>18 &amp; UNDER</b>			

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

<b>COMMISSIONER'S SIGNATURE</b>	<b>DATE</b>

**OVER**

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

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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.**

**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.

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



◇ 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.

**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 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**

<p>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: _____</p>	<p>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: _____</p>
<p>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: _____</p>	<p>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: _____</p>
<p>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: _____</p>	<p>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: _____</p>
<p>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: _____</p>	<p>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: _____</p>

## 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: \_\_\_\_\_

\_\_\_\_\_