

# **Central CT Hoop Stars Basketball Club**

**3 Whiffle Tree Road  
Wallingford, CT 06492**

**Fax: 203-269-3702**

**[www.cthoopstars.com](http://www.cthoopstars.com)**

Mike Papale, Director  
Marty Russo, Director

\*203-265-4376 (h)  
\*203-269-8899 (h)

\*203-464-9781 (c)  
\*203-675-9475 (c)

[mikepapale@aol.com](mailto:mikepapale@aol.com)  
[marti.russo@honeywell.com](mailto:marti.russo@honeywell.com)

## **Hoop Stars Division I National Tune Up Boys U16-U17 (Grades 10<sup>th</sup> and 11<sup>th</sup>)**

### **I. Spring Shootout Saturday July 18<sup>th</sup> and Sunday July 19<sup>th</sup>**

**\*\* 4 Game Guarantee, 16 Minute Stop Time Halves**

**\*\* Games will start on time, Very Organized-No Hassles, Excellent Competition**

**\*\* Preferred start times for teams traveling the longest distance**

**Fee: \$325.00/Team, payable to Central CT Basketball Club**

**Sites: Wallingford Park and Recreation Center, Lyman Hall HS,  
Wilcox RVT HS, Mark T Sheehan HS, Cheshire Academy and other area gyms.**

Hotel Information: all hotels within 5-7 minutes of all sites

Courtyard by Marriot  
1-800-321-2211  
203-284-9400 (local #)

Ramada Plaza Hotel  
203-238-2380  
Fax: 203-238-3172

Comfort Inn and Suites  
203-440-9600

**\*\*Upon receiving your application, we will send you directions and all pertinent information.**

Please fill out and return your application with your check payable to:

**Central CT Basketball Club  
3 Whiffle Tree Road  
Wallingford CT 06492**

Should you have any questions or concerns, please call.

Hope to see you on the AAU circuit.

Mike Papale 203-265-4376  
203-464-9781 Day  
mikepapale@aol.com

Marty Russo 203-269-8899  
203-626-3559 Day  
mrusso@cidra.com

**Central CT Hoop Stars Basketball Club**  
**AAU Basketball for Boys**  
**3 Whiffle Tree Road**  
**Wallingford CT 06492**  
[www.cthoopstars.com](http://www.cthoopstars.com)

**I. Hoop Stars Division I National Tune Up July 18<sup>th</sup> and 19<sup>th</sup>**

**Club Name:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:**(\_\_\_\_\_)\_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Fax:**(\_\_\_\_\_)\_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Head Coach:** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Fax:**(\_\_\_\_\_)\_\_\_\_\_

**Phone #'s:** day(\_\_\_\_\_) \_\_\_\_\_ eve(\_\_\_\_\_) \_\_\_\_\_

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

**Special Request for times:** \_\_\_\_\_

**Circle Age Bracket**

U16 (10<sup>th</sup> Gr.)      U17 (11<sup>th</sup> Gr.)

**Make Checks payable to: Central CT Basketball Club, 3 Whiffle Tree Road, Wallingford CT 06492**

**Please make copies of this application as needed.**