

Murray Parks & Recreation

TOP FLITE BASKETBALL LEAGUES

Competitive Basketball Leagues



7th Grade Leagues	5th Grade League	6th Grade League
Mondays Nights	Tuesday Nights	Tuesday Nights
Maximum 7 teams Due to Covid restrictions 7 games & single elimination tournament	Maximum 7 teams Due to Covid restrictions 7 games & single elimination tournament	Maximum 7 teams Due to Covid restrictions 7 games & single elimination tournament
\$475	\$475	\$475
Jan. 11, 18, 25, Feb. 8, 15, 22, March 1, 8, 15	Jan. 5, 12, 19, 26, Feb. 2, 9, 16, 23, March 2, 9, 16,	Jan. 5, 12, 26, Feb. 9, 16, 23, March 2, 9, 16,
6:00 pm, 7:15 pm, 8:30 pm	6:00 pm, 7:15 pm, 8:30 pm	6:00 pm, 7:15 pm, 8:30 pm
Riverview Jr. High	Riverview Jr. High	Murray High Aux Gym

8th Grade League	4th Grade League
Wednesday Nights	Thursday Nights
Maximum 7 teams Due to Covid restrictions 7 games & single elimination tournament	Maximum 7 teams Due to Covid restrictions 7 games & single elimination tournament
\$475	\$475
Jan. 6, 13, 27, Feb. 10, 17, 24, March 3, 10, 17,	Jan. 7, 14, 21, 28, Feb. 4, 11, 18, 25, March 4, 11, 18
6:00 pm, 7:15 pm, 8:30 pm	6:00 pm, 7:15 pm, 8:30 pm
Christ Lutheran Church and School	Riverview Jr. High Murray High School Aux

Register Online:
www.mcreg.com

Deadline to Register:
Wednesday, Dec. 16, 2021
or until leagues are full

COVID Restrictions:

- One spectator per player.
- Spectators must wear masks and practice social distancing
- Coaches must wear masks.
- Players must wear masks on the bench when not playing.
- Once games are over spectators and players must leave the gym immediately.
- No congregating.
- Teams must wait outside until directed to enter by supervisors.
- 15 minutes between games for sanitizing.

Some playing dates are missing due to other conflicts in the gyms

You may mail this form and team fee to the
Murray Parks and Recreation Office, 296 East Murray Park Avenue, Murray UT 84107

Team Name _____

Grade Division ___ 4th Grade (Thurs.) ___ 5th Grade (Tues.) ___ 6th Grade (Tues.)
 ___ 7th Grade (Mon.) ___ 8th Grade (Wed.)

Coach Name _____

Address _____

City _____ Zip _____

Email _____

Phone _____ Cell Phone _____

You will be required to submit completed roster by the first game and the parents or guardian must sign a concussion form.