SUMMER BASKETBALL CAMP REGISTRATION FORM

Name		Gender	D/O/B	Age
Street address		City	SI	ateZip
Father's Work Phone		Cell phone		
Mother's Work Phone		Cell phone		
Home Phone	E-Mi	nit*		
Health insurance company_		Policy No.		
	Please indicate car	np session(s) (half-da	ay / full day):	*Confirmations will be sentivia e-mail
O Session #1	O Session #2 5	395 O Session #3	\$150 / \$240	O Session #4 \$350
Cancelled	(6/27 - 7/1) (7/5 - 7/1	8)	(7/11 - 7/15)
O Session #5 \$175 / \$295		O Session #6 \$395	Session #6 \$395 O Session #7 \$295	
(7/18 - 7/22)		(7/25 - 7/29)	0	3/1 - 8/5)
O Session #8 \$175 / \$295 (8/8 - 8/12)	O Sesion #9 \$175 / \$ (8/15 - 8/19)	295 O Session #1 (8/22 -	The second secon	O Session #11 \$150 / \$240 (8/29 - 9/1)
	discounted	\$75 (\$37.50 for half-	day).	lay). A third week of camp is for junior camp or half-day).
	Junior Ca	mp(s) 9:00am - 12:00;	pm:	
	O Session#1 \$75 O Sessio (6/23 - 6/24) (7.5		O Session #5 \$175 (7/18 - 7/22)	
O Session #6 \$175 (7/25 - 7/29)	O Session #8 \$175 (8/8 - 8/12)	5 O Session #1 (8/15 - 8/11	A STATE OF THE STA	O Session #10 \$175 (8/22 - 8/26)
Junior Camp discounts: M	ultiple weeks receive 1	0% discount Family	members rece	ive one-time \$12.50 discount
Additional: O Early drop-o	f between 8:00am - 8:45	iam (\$5 day) or O Lat	e pick-up betwe	en 3:15pm - 5:00pm (\$10 day)
Total amount. §	O Check	payable to "Hoop Hear	ven" Check No	x
Charge to: O AMEX	O MasterCard	O Visa		
Cardholder Name		Signature		
Acct. No		Latin de la latin de Co	Expiration	date

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RD Boyd

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