

2010 Basketball Registration Form - Girls

Must be returned by Monday, May 24, 2010

(please print out and send along with payment and a copy of your insurance card)

Camper's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parents/Guardians Name(s): _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Grade Next Year: (circle one) 5 6 7 8 9

Shirt Size: (circle one) Youth M L
 Adult S M L XL

Will your camper be staying in the dorm? Yes No

If yes, circle all nights staying in the dorm

Wed. Thurs. Fri.

Lunch: circle all days that your camper will be needing lunch

THIS CATEGORY IS ONLY FOR NON-DORM CAMPERS

Thurs. Fri.

CAMP AMOUNT TALLY:

Camp Cost \$75 _____

Dorm Cost \$25 _____

Lunch Cost \$4.00 (per day) _____

(lunches are included in the dorm cost)

TOTAL AMOUNT ENCLOSED: _____

How did you hear about the CLHS basketball camp?

THANK YOU FOR YOUR SUPPORT!