

2015 Camp Registration Form

REGISTRATION DEADLINE JUNE 1ST

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (_____) _____

Parent's Email _____

Fall 2015 School Grade _____ Age _____ Height _____ Gender ☐ M

Position Preference _____ ☐ F

Roommate Preference _____

Family Medical Insurance Co. _____

Policy Number _____

Policy Holder _____

* All pictures and camp items may be used for advertising purposes *

Dates of Attendance *(Please check one)*

☐ Boys Camp of Stars June 8-10

☐ Girls Camp of Stars June 11-13

☐ Basketball School (Girls & Boys ~ Grades 5-12)..... June 15-17

Total Cost *(Please check one)*

A \$50 non-refundable deposit is due with your registration to ensure a place at camp.

☐ \$249 plus 7.5% tax Overnight

☐ \$210 plus 7.5% tax Commuters with meal plan

☐ \$155 plus 7.5% tax Commuters

Jersey Size

YL S M L XL XXL

I do hereby authorize the directors of Hanson & Anderson Basketball Camp to act for me according to their best judgment in an emergency requiring medical attention and I hereby release the camp from any and all liability for any injuries incurred while at camp.

Parent/Guardian Signature _____

Printed Name _____