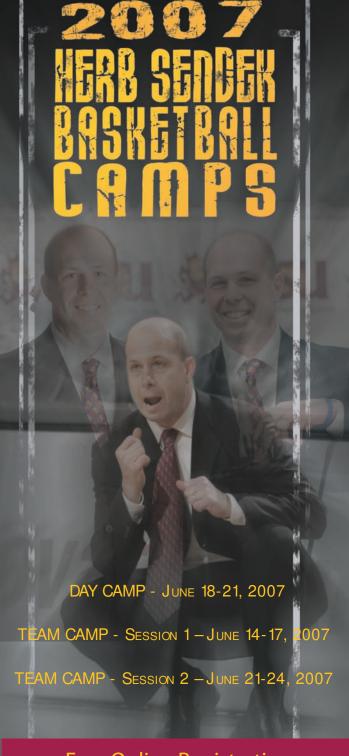


Herb Sendek Basketball Camp Inc

PO Box 3336 Tempe, AZ 85280-3336



Free Registration Online www.herbsendekbasketballcamp.com





Crowne Plaza Hotel PHOENIX-AIRPORT 4300 EAST WASHINGTON PHOENIX, AZ 85034

The Crowne Plaza Hotel is proud to be the "Official Hotel" of the 2007 Herb Sendek Basketball Camps.

- Newly Renovated
- Just minutes away from Arizona State Campus
- Offering all teams a special team camp rate of \$69 per night
- Site of nightly coach's talks and social gatherings
- Complimentary High Speed wireless internet
- 24 hour Fitness room
 - Heated outdoor pool and jacuzzi
- Phoenix Bistro Grill located inside

Please contact Nancy Sneirson at 602-286-1121 to reserve your rooms.

TEAM CAMP SESSION # 1

June 14-17, 2007 (Grades 9-12)

Boys High School Team Camp. Each team will play at least 8 games. Teams should check in between 1:00 PM and 4:00 PM on June 14, 2007. Coaches must make a \$300 deposit to secure a spot for their team. All individual player registrations will be handled by the coach and submitted at camp check-in all together in one packet. Online Registration closes June 7, 2007. The number of teams we can accept is limited, so please register and submit your deposit early. Camp will be held on the beautiful ASU Campus!

No individual player registrations will be handled online.

DAY CAMP - FULL DAY & MORNING SESSION

June 18-21, 2007 (Grades 2-12)

Camp runs from 9:00 AM to 3:00 PM daily. MORNING ONLY campers attend camp from 9:00 AM - 12:00 PM. Extended Day Care will be provided from 3:00 PM - 5:00 PM for an extra \$50.00 fee. \$100 deposit is required for campers registering offline. Campers should plan on checking in at the Wells Fargo Arena at ASU on June 18, 2007 from 7:30 AM-9:00 AM. For those campers who registered offline, the balance of their camp fee must be paid at that time. For those campers who are staying for the whole day, lunch will be available to be purchased, or bag lunches can be brought from home. REFRIGERATION will NOT be available so be sure bag lunches contain NON-PERISHABLE items. Online Registration closes on June 15, 2007. Camp will be held on the beautiful ASU Campus in the Wells Fargo Arena...the largest arena in the PAC-10.

Register prior to March 15, 2007 and save \$25 on the FULL DAY CAMP, and \$10 on the MORNING SESSION ONLY CAMP.

TEAM CAMP SESSION # 2

June 21-24, 2007 (Grades 9-12)

Boys High School Team Camp. Each team will play at least 8 games. Teams should check in between 1:00 PM and 4:00 PM on June 21, 2007. Coaches must make a \$300 deposit to secure a spot for their team. All individual player registrations will be handled by the coach and submitted at camp check-in all together in one packet. Online Registration closes June 14, 2007. The number of teams we can accept is limited, so please register and submit your deposit early. Camp will be held on the beautiful ASU Campus!

No individual player registrations will be handled online.

If you have any questions, please contact Scott Pera at 480-965-6677.

PLEASE RETURN REGISTRATION FORM TO:

Herb Sendek Basketball Camp Inc. P.O. Box 3336 Tempe, AZ 85280-3336

Camper I	Registration Form	
Name(s)_	Sack .	Age(s)
Address_		
City	State	Zip
Phone	1 / 1 / 1/2	Grade
Team Ca	mp Session #1 June 14 -	17
HS NAME:		
☐ Register team with meals \$125/player (# players)		
Registe AMOUNT E Day Car AMOUNT E Team Ca HS NAME: Registe AMOUNT E	r team w NO meals \$80/pla ENCLOSED (\$300 Deposit Remp June 18 - 21 AM ONLY 9:00 - 12:00 FULL DAY 9:00 - 3:00 Ext Day Care 3:00 - 5:00 ENCLOSED (\$100 Deposit Remp Session #2 June 2 r team with meals \$125/pla r team w NO meals \$80/pla ENCLOSED (\$300 Deposit Remp Session #2	\$160 \$275 \$50 \$q'd) \$ \$11 - 24 eyer (# players) yer (# players) eq'd) \$
Make checks payable to <u>Herb Sendek Basketball Camp Inc.</u> , doing business as Herb Sendek Basketball Camp		
Medical	Information and Insuran	ce Coverage
Ins Co	NV A	
Policy #		
	Emergency	8-9
Phone List any impairments or conditions which would limit camper's participation in activities during camp		
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Camp Inc. emergency release the	uthorize the directors of the to act for me according to the requiring medical attention e camp, the instructors and Ariany illness or injuries incurre the camp.	eir best judgement in any and I hereby waive and zona State University of all

Date

Signature of Parent or Guardian