



REGISTRATION FORM APRIL 13-15, 2012



NAME		BIRTHDAY (xx/xx/xxxx)		EMAIL ADDRESS	
ADDRESS		CITY		STATE	ZIP
CELL PHONE	CELL PHONE PROVIDER		HOME PHONE		WORK PHONE
WORK ADDRESS		CITY		STATE	ZIP
HEIGHT	WEIGHT	AGE (min 35)	SHOE SIZE	SHIRT SIZE (S,M,L,XL,XXL)	SHORT SIZE (S,M,L,XL,XXL)
HEALTH INSURANCE PROVIDER			POLICY NUMBER		
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE		RELATIONSHIP	
<input type="checkbox"/> BASKETBALL PLAYER / CAMPER		<input type="checkbox"/> PHOG ALLEN COACHING EXPERIENCE		<input type="checkbox"/> CAPTAIN'S CLUB (APRIL 12-15)	
PLEASE CHECK ONE OF THE ABOVE BOXES					

Release Authorization

I hereby hold ProCamps Inc., Bill Self, the Bill Self Basketball Experience, its staff and University of Kansas free from all liability should any injury or illness befall me while I am in attendance at the Bill Self Basketball Experience. I authorize the coaches and staff of the Bill Self Basketball Experience to secure medical treatment for me should I not be able to request such treatment for myself. I have no knowledge of any existing physical impairment that would affect my participation in this program. In addition, I authorize the Bill Self Basketball Experience to use any photographs of me taken during the program for use in publicizing and advertising future Bill Self Basketball Experiences. A \$2,000 non-refundable deposit will be kept if the camper cannot attend. If the camper cannot attend and their space is not able to be filled by March 1, 2012, the entire payment of \$6,995 or 9,995 will be non-refundable.

Signature

Date

*A confirmation email will be sent to each participant upon acceptance into the Bill Self Basketball Experience. Specific site information and directions will be included with your confirmation. For additional information, please contact Adam Trick at 888/389-2267 or e-mail atrick@procamps.com.

Payment Information

Basic camp enrollment of \$6,995.00 or Captain's Club enrollment of \$9,995.00 MUST ACCOMPANY THIS APPLICATION. Send completed registration form with payment (check or money order) or complete credit card information made payable to: Bill Self Basketball Experience, c/o ProCamps, 4600 McAuley Place, 4th Floor, Cincinnati, Ohio 45242.

Credit Card Number (*American Express is the exclusive credit card of the Bill Self Basketball Experience*)

Expiration Date (xx/xx/xxxx)

The signature below authorizes ProCamps to charge my American Express account \$6,995.00 or \$9,995.00 depending on package purchased

Signature

Date

Please return to: Bill Self Basketball Experience
ATTN: ProCamps, 4600 McAuley Place, 4th Floor, Cincinnati, OH 45242

PHONE
(888) 389-2267

PROCAMPS
— WORLDWIDE —

FAX
(513) 297-7205