

# GIRLS' FUNDAMENTAL BASKETBALL CAMP

July 27 – July 31, 2009

## Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Grade Entering September 2009 \_\_\_\_\_

### Eligibility

Campers must be entering grades 5-8 in the fall of 2009

<b>Camp Fees: \$270.00</b>	<b>\$170.00 due with application</b>
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Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Balance Due: \_\_\_\_\_

**For additional information call:**

**Tim Kohs (860) 554-5043**

**or**

**Kate Mullen (860) 685-2888**

**A non-refundable deposit must accompany all applications.  
Balance is payable 30 days prior to the opening of the camp.  
Make check payable to: Fundamental Basketball Camp, LLC.**

**Mail to:**

**Fundamental Basketball Camp**

**P.O. Box 59**

**Higganum, CT 06441**

**I hereby request that my daughter named above be admitted to the Fundamental Basketball Camp. I authorize the directors of the camp to act for me according to their best judgment in an emergency requiring medical attention other than that provided by the camp for which services I shall pay.**

**Signature of Parent or Guardian: \_\_\_\_\_**