

**BASKETBALL WORLD & HOPEWELL BASKETBALL ASSOCIATION
Day Camp Application 2010**

Name: _____ Age at Camp: _____

Street: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____

Phone: Home () _____ Office () _____

E-mail: _____

Height: _____ Weight: _____ Circle T-Shirt Size: S M L XL

School or Team: _____ Grade Next Year: _____

Have you attended our camp(s) before? _____ Year(s): _____

I learned about camp through: _____

Family Health Insurance Co: _____

Family Health Insurance No: _____

I certify that the applicant is in good health and may participate in physical activities associated with the camp's vigorous athletic programs, without limitation(s). The director of the camp has my permission to arrange for, and provide medical care in the event the applicant is injured or disabled. I understand that the camper must present to the camp director, before participation in camp, a **medical certificate** from a physician stating that the camper is physically fit to participate in camp activities.

Signed (parent/guardian): _____ Date: _____

TIMBERLANE MIDDLE SCHOOL
51 S. Timberlane Drive, Pennington, NJ 08534

ONE GREAT WEEK!
Separate Leagues for Boys & Girls

Check amount of deposit or full payment (\$50 non-refundable):

June 28 - July 2, Mon. - Fri., 9am - 4pm Boys & Girls Ages 8 - 18

_____ \$100 deposit (*balance due June 21st - postmarked*)

_____ \$275 full payment (*before June 21st - postmarked*)

_____ \$285 full payment (*after June 21st*)

* No refunds after June 21st without doctor's note. \$50 non-refundable.

FAMILY RATES & TEAM RATES Available!

SHOOT IT BETTER Mini Camp

June 26 - 27, 2010 Coed Ages 10 & Above

Visit www.hopewellbasketball.com for more information!

Total Enclosed: _____ **Balance:** _____

Check payable to: **Hopewell Basketball Association**

Mail to: P.O. Box 613, Pennington, NJ 08534

www.hopewellbasketball.com www.basketballworld.com