SAINT MICHAEL'S COLLEGE GIRLS BASKETBALL CAMP APPLICATION

Name:	Date of Birth:						
Address:	2	City:	,	State:	Zip:_		
Home Phone:		T-	Shirt Size (circle one):	Child:	M L A	dult: S	M L
Grade entering in fall: Sch	hool:			Age (a	t time of camp	ı):	
Name of Parent/Guardian:		Pa	rent's Day/Work Pho	ne:			
E-mail for confirmation:			44)				
	e balance of car statement of he olication will be	mp fees is paid up ealth form below. returned and will	oon registration. (\$25/camp is non delay your registr	-refunda ation fo	able.) or camp.	ı:	
CAMP/PRICE	CAN	1P DATES	APPLICATION	DUE	REQUIREMENT		
Girls Basketball Day Camp (\$240)		June 18-22, 2012	2 June 7, 2	012	Ages 7-17		
Girls Basketball Overnight Camp (\$410)		July 29–August 2	ıly 29–August 2, 2012		Ages 10-17		
Commuter (\$325)		July 29–August 2, 2012 July 14		2012	2 Ages 10-17		
Roommate request for overnight ca	amp (optional):						
Office Only: Date Rec'd:	Amount Pd:	Check #:	Amount Due:		Initials: _		
SAINT MICHAEL In case of emergency contact: Our family will provide insurance coverage if Family Doctor:	f our son/daughter	is injured while parti	Phone: cipating in a Saint Mi				
Health Insurance Company:							
I hereby state that my son/daughter is in goo permission to the attending health profession necessary.	d health and may p	articipate in one or n	nore of the Saint Mich	nael's Coll	lege Sports C	amps. I al	lso give
Printed name of Parent/Guardian							
Signature of Parent/Guardian							
Please list any special health problems or special	cial circumstances:				_		