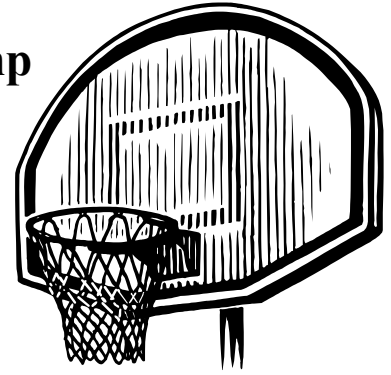


Date  
Received:

# 2009 Chris Desso Girls Basketball Camp

July 27 to July 31 from 9am to Noon



## Camper Registration Form

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Registered Parish \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_

Parent/ Guardian E-Mail \_\_\_\_\_

### Parent/ Guardian Volunteer Your Talent Here!

Please check off what you would like to help out with at camp

- |  |  |
|--|--|
| <input type="checkbox"/> Coach-Grade Level _____ | <input type="checkbox"/> Assistant-Coach Grade Level _____ |
| <input type="checkbox"/> Morning Set- up         | <input type="checkbox"/> Afternoon Tear Down               |
| <input type="checkbox"/> Kitchen Helper          | <input type="checkbox"/> Camp Photos                       |

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#### For Office Use Only

Cash \_\_\_\_\_ Check \_\_\_\_\_ Amount \_\_\_\_\_ Check Number \_\_\_\_\_

Date Entered into system \_\_\_\_\_ Copy of check Y or N

