

“Bosque Offensive Basketball Camp”

Sponsored by: Bosque School

For students entering 4th through 12th grade in the Fall 2010

REGISTRATION FORM!

Name: first	middle	last
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Grade (fall 2010)	Gender	Date of Birth	Father	Mother
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Mailing Address:	City:	State:	Zip:
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Home phone:	Parent cell phone	Emergency Contact Name & Number
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Email:	Home school:
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Physician:	Phone:
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Insurance company:	Preferred Hospital:
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Allergies or Medications Please List:

Medical Conditions:

\$90 per week

June 7th – June 10th Boys & Girls (Monday –Thursday)

___ 9:00 am – 12pm Rising 4th-7th

___ 1:00 pm - 4:00pm Rising 8th – 12th

June 14th – 17th Boys & Girls (Monday –Thursday)

___ 9:00 am – 12pm Rising 4th-7th

___ 1:00 pm - 4:00pm Rising 8th – 12th

Personal Information

HT: _____

Position: _____