

HOOPLA! Summer Basketball Camp
3519 Fayetteville Street
Durham, NC 27707

Registration

Name _____

Address _____

City _____ State _____ ZIP _____

Age _____ Sex _____ DOB _____
M/F mm/dd/yy

Home Phone () _____

Work Phone () _____

Cell Phone () _____

Email _____

Parent/Guardian _____

Insurance Provider _____

Policy Number _____

Session(s) Attending: Check all that apply.

_____ Session 1 (June 16-20) _____ Session 2 (June 23-27)

Check the appropriate response below:

___ Yes! I will also participate in the HOOPLA! Summer Basketball Junior Pro League.

___ I will only attend the HOOPLA! Summer Basketball Camp.

Give information below for any additional campers you desire to register.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Age: _____ Sex: _____ DOB: _____
M/F mm/dd/yy

Select a tee shirt size for each camper registered above.

Child: S _____ M _____ L _____

Adult: S _____ M _____ L _____ XL _____

Payment Method

_____ VISA _____ MC _____ AMEX

Card # _____

Exp. _____

Signature: _____