

**PAYMENT:**

The total amount of the camp this year is \$200 as we are going to a shortened three day, two night camp. We will need a \$25 non-refundable deposit turned into CHS athletic office by Friday May 15. You then will turn in a check for the remaining amount of the camp (\$175) on June 8 (first day of open gym). If you would prefer to write just one check for the entire amount you can. Make all checks payable to CHS.

**D-ONE GIRLS BASKETBALL TEAM CAMP APPLICATION**

Name: \_\_\_\_\_ Grade (2014-15): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Bunkmate preference: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Coach: \_\_\_\_\_

Men's T-Shirt Size: \_\_\_ Small \_\_\_ Medium \_\_\_ Large \_\_\_ XL

Session: June 17-19      Overnight camper

\_\_\_\_\_ has my permission to participate at D-ONE team camp.

The law requires that parental permission be obtained for operative procedures on minors. I give permission for such diagnostic, therapeutic and operative procedures and transportation as may be deemed necessary for my daughter.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

