

DAVIS HOOPS 4th ANNUAL ALL-STAR BASKETBALL CAMP Registration Form

Monday – Friday, Aug. 4 – 8, 2008
8:30 am – 3:00 pm at Harper Jr. High in Davis

Camper's Name: _____

Address: _____

Parent/Guardian Name:

Phone: _____ Work Phone: _____

Email: _____

Camper's Age: _____ Grade in fall: _____

Emergency Contact Name and Phone: _____
(Parent/Guardian will be contacted first)

Camper's special needs (if any) _____

I _____, request that my son/daughter be admitted to the Davis Hoops Basketball Camp and authorize the Directors and camp counselors to act according to their best judgment in any emergency requiring medical attention, for which I will pay all costs. My child is fit to participate in all camp activities and has medical insurance.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Please mail this form and a check for \$250 (payable to Davis Hoops) by **JULY 28, 2008**

Davis Hoops Basketball Club
P.O. Box 1159
Davis, CA 95617



Questions? Call:
Damond 916-869-7971
or Carol 530-574-7115

Campers: Bring lunch & water!

www.davishoops.com