

Thanksgiving Break Basketball Camp | 2015

Please Print Clearly.

Participant's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Age: _____ Sex: M F

Medical Conditions/Allergies: _____

Father's Name: _____ Cell Number: _____

Mother's Name: _____ Cell Number: _____

Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Please circle your preferred method(s) of receiving communication: EMAIL TEXT PHONE CALL

Signature: _____ Date: _____

Are you currently participating in the Commerce Recreation Basketball program? YES NO

T-shirt Size: YS YM YL AS AM AL AXL

