

Dick Baumgartner's Basketball Shooting Camp

GIRLS 2012 Camp Enrollment Application

Camper's Name: _____
First Last

Address: _____

City / State / Zip Code: _____

Home Phone: _____ Other Phone: _____

Email: _____ Date: _____

Age: ____ Height: ____ Weight: ____ School: _____

Grade going into: ____ Coaches Name: _____

Did you attend last year: ____ Roommate Preference: _____

CAMP DATES

Please check the session preferred:

___ July 15-18

___ July 22-25

2nd Choice: _____
 (if any)

PARENT or GUARDIAN CONSENT

- Your deposit will be refunded if the camp is filled at the time we receive your application, otherwise the deposit is non-refundable. All cancellations must be in writing with no exceptions.
- I give the Dick Baumgartner Basketball Camp the right to videotape or photograph my child while at camp for publication in camp website.
- I hereby grant permission to the basketball camp to have my child treated by a physician, if necessary. My child is physically fit according to our family physician.

(Parent or Guardian Signature)

➡ CHECK OFF ALL AREAS OF THE APPLICATION THAT APPLY.

PAYING WITH MONEY ORDER OR CHECK (\$10 discount)

Discounted Prices

<input type="checkbox"/> Full Payment for overnight camper	\$459
<input type="checkbox"/> Full Payment for day camper (no lodging but all meals included)	\$399
<input type="checkbox"/> Deposit for overnight camper	\$100
<input type="checkbox"/> Deposit for day camper	\$100

If sending in deposit, the balance can be sent by mail 2 weeks before camp starts

If you pay balance the day you enroll, it is by **MONEY ORDER**. Money Order is to be made payable to Dick Baumgartner.

PAYING WITH CREDIT CARD

<input type="checkbox"/> Full Payment for overnight camper	\$469
<input type="checkbox"/> Full Payment for day camper (no lodging but all meals included)	\$409
<input type="checkbox"/> Deposit for overnight camper	\$100
<input type="checkbox"/> Deposit for day camper	\$100

Method of Payment: ___ Visa ___ Mastercard

Credit Card #: _____

Expiration Date: (mm/year) _____ CCV#: _____

Full Name on Credit Card: _____

Billing Address: _____

City: _____ State/Zip: _____

The balance owed must be paid 2 weeks before camp starts.

Please charge the remainder of my camp fee to my credit card 2 weeks before camp starts if I have not paid the balance by that date. **Please check box.**

Send in your completed application to address listed or fax it to 765-966-5306.

MAIL APPLICATION TO:

<p>Dick Baumgartner's Basketball Shooting Camp 438 North 10th Street Richmond, Indiana 47374 Phone: (765) 939-2500 (765) 966-4994</p>	<p><small>*Please enclose a stamped, self-addressed envelope for return confirmation.</small></p> <p>Please return this entire form.</p>
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CONFIRMATION WILL BE MAILED TO YOU WITHIN 2 TO 3 WEEKS AFTER WE RECEIVE APPLICATION.