office use onl	
contact for team:	
E-mail:	_____
phone:	_____
_____	

office use only	
MRF	_____
room	_____
credit card	_____
E-mail	_____

INFLUENCING THE NEXT GENERATION

Higher Level Camps
Going back to the Basics Fundamentals Camp
GIRLS: entering 5 - 12 grade fall of 2010

Who: Girls: 5 – 12 grade
What: Basketball Camp
When: June 20 - 24, 2010

Where: Ripon College
Cost: **$435**

PERSONAL INFORMATION

Name: _____ Female _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

E-mail Address: _____ Work #: _____

Parents Name: _____ Cell #: _____

Birth date: _____ **Grade:** _____ **(based on 2010 – 11 academic year)**

ROSTER INFORMATION

Position: _____ Height: _____ Interested in Summer Program: _____

Jersey: S M L XL XXL (unisex sizes)

Experience Playing: (check those that apply)
_____ AAU Teams
_____ Traveling Teams
_____ Freshman
_____ JV
_____ Varsity

PAYMENT

1. Check # _____ Amount _____
2. Credit Card Visa or Master card (circle one) _____ _____/_____/_____/_____ Exp. Date _____ (3% service charge)
3. On a Higher Level Camps Traveling Team _____

This is a contract between Higher Level Camps and the responsible paying party. You are under contract to pay in full whether your child attends camp or not. There will be no refunds after you sign up for camp or choose to leave camp early. Refunds given only if you are injured before camp begins and have a doctor's written excuse.

ROOMMATE

(must request each other for us to honor your request)

1st choice _____ 2nd choice _____

(If you play for HLC's traveling teams, we will assign you a roommate)

_____ _____ _____
Parents Signature Date Athletes Signature

Please return this Registration Form, Medical Release Form and Payment to address listed below.

Cheryl Lynne Mohr . N6963 Lap Rd . Mt. Calvary, WI 53057 . (920) 929-9008 . www.higherlevelcamps.com