



Jerry Hoover
D-One Basketball Camps
 209 North Illinois
 Monticello, IN 47960
 219-866-2531 • 800-407-3663

2010 High School Boy's Team Camp Form

Participant's Name: _____ Age _____ Ht. _____ Wt. _____

School: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone(____) _____ Work/Cell Phone(____) _____

Coach Name: _____ School: _____

Men's Shirt Size: S M L XL 2XL

Check One: Day Camp Overnight Camp

Check Desired Camp

Boy's Camps

- ___ 1 June 17-20 Spiece Fieldhouse, Fort Wayne, IN
- ___ 2 June 24-27 Spiece Fieldhouse, Fort Wayne, IN
- ___ 3 July 5-8 Spiece Fieldhouse, Fort Wayne, IN

_____ has my permission to participate in the High School Boy's Team Camp. Enclosed is my camp deposit of **\$25.00**, which I understand is non-refundable. (Please make checks payable to D-One Camps.)

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

Signed _____

Relationship _____ Date _____

PLEASE MAIL FORM TO:

Jerry Hoover
 D-One Camps
 209 North Illinois St
 Monticello, IN 47960

