



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

2010 Five Star Indiana Basketball Camp Form

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

Bunkmate/Roommate Preference _____

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 August 2 – 5 Spiece Fieldhouse, Fort Wayne, IN

Girl's Camps

___2 August 2 – 5 Spiece Fieldhouse, Fort Wayne, IN

_____ has my permission to participate in the Five Star Basketball Camp. Enclosed is my camp deposit of \$50.00, 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 or daughter.

Signed _____

Relationship _____ Date _____

PLEASE MAIL FORM TO:

Jerry Hoover – Director of Five Star Basketball Camp
 D-One Camps
 209 North Illinois St
 Monticello, IN 47960

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