



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

2011 Rick Mount Shooting School Application 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

*Day Camp Only

*Indicates Day Camp Only

Boy's Camps

- ___1 *June 20-22 Fishers Fieldhouse, Fishers, IN
- ___2 June 27-29 Spiece Fieldhouse, Fort Wayne, IN
- ___3 July 8-10 North Central College Naperville, IL
- ___4 July 15-17 Walsh University North Canton, OH
- ___5 *July 19-21 Kentucky Basketball Academy, Lexington, KY
- ___6 *July 25-27 Sportszone Indianapolis, IN
- ___7 July 29-31 Millikin University Decatur, IL
- ___8 Aug 4-6 Spiece Fieldhouse, Fort Wayne, IN
- ___9 Aug 12-14 Spiece Fieldhouse, Ft Wayne, IN

Girl's Camps

- ___1 *June 20-22 Fishers Fieldhouse, Fishers, IN
- ___2 June 27-29 Spiece Fieldhouse, Fort Wayne, IN
- ___3 July 8-10 North Central College Naperville, IL
- ___4 July 15-17 Walsh University North Canton, OH
- ___5 *July 19-21 Kentucky Basketball Academy, Lexington, KY
- ___6 *July 25-27 Sportszone Indianapolis, IN
- ___7 July 29-31 Millikin University Decatur, IL
- ___8 Aug 4-6 Spiece Fieldhouse, Fort Wayne, IN
- ___9 Aug 12-14 Spiece Fieldhouse, Ft Wayne, IN

_____ has my permission to participate in the D-One Rick Mount Shooting School. 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:

Rick Mount
 D-One Camps
 209 North Illinois St
 Monticello, IN 47960