

Summer Camp Registration Form

First Name _____ **Last** _____

Circle **Male /Female** Today's Date ___/___/17 **Date of Birth** _____

Home Address _____ **Apt.#** _____

City _____ **State** _____ **Zip Code** _____

Cell Phone # _____ **Cell Phone** _____

Other Phone _____ **Other Phone** _____

Grade as of September 1st 2017 _____ **School** _____

Email Address _____ @ _____

I give permission for the above camper to participate in the Brooklyn USA

Summer Basketball Camp _____

Circle Dates attending:

6/26th 7/3rd 7/10th 7/17th 7/24th 7/31st 8/6th 8/13th 8/20th 8/27th

Parent/Guardian (print) _____

Signature _____

Person who made the Payment _____

Cash _____ **Check** _____ **Money Order** _____ **Online** _____