

2018 REGISTRATION FORM

PLEASE PRINT

Name: _____ Grade (Fall 2017): _____

DOB: _____

Address: _____ City: _____

State: ____ Zip: ____

Phone: _____

E-Mail (required for confirmation letter): _____

T-Shirt Size: (please check) ____ Youth Small ____ Youth Medium ____ Youth Large
____ Adult Small ____ Adult Medium ____ Adult Large ____ Adult XL ____ Adult XXL

Registering for: ____ Session 1: June 18 – 22 ____ Session 2: August 6 - 10

____ I have enclosed a check for \$275 (full amount) per session selected (payable to: John Becker Basketball Camp)

-OR-

____ I have enclosed a check for \$100 (non-refundable deposit) and have a balance of \$175 due before start of camp

*Please mail this form and check (made payable to John Becker Basketball Camp) to:
John Becker Basketball Camp
97 Spear Street
Burlington, VT 05405*

PLEASE CONTACT CAMP DIRECTOR GREG SNYDER
(johnbeckerbasketballcamp@gmail.com) WITH ANY QUESTIONS