



# REGISTRATION FORM

## SUMMER 2025

CAMPER NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

SIBLING NAME(S) & AGES IF ATTENDING SAME SESSION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT CELL #: \_\_\_\_\_ HOME/WORK #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE IN THE FALL: \_\_\_\_\_

HAS YOUR CHILD ATTENDED BACK TO BASICS BEFORE?    Yes    No

SESSION	NAME	DATES	LOCATION	TIME	COST	# KIDS	SUBTOTAL
1	Tip-off Session	June 30-July 3	St. Philips NPT	9:00-2:00	\$325		
2	Skills Week	July 14 - 18	St. Philips NPT	9:00-2:00	\$350		
3	Multi-Sport I	July 21 - 25	Trinity ENPT	9:00-1:00	\$325		
4	Elite BOYS	July 21 - 24	Trinity ENPT	1:30-4:00	\$225		
5	Shooting Acad.	Aug 4 - 8	Trinity ENPT	9:00-1:00	\$350		
6	Multi-Sport II	Aug 11 - 13	Trinity ENPT	9:00-1:00	\$200		
6	Summer Pass	<i>all dates - must meet age requirements</i>			\$1,300		

Subtotal: \_\_\_\_\_

\*Visit [www.backtobasicsbasketball.com](http://www.backtobasicsbasketball.com) for available discounts

Discounts: \_\_\_\_\_

**TOTAL DUE:** \_\_\_\_\_

AMOUNT ENCLOSED: \_\_\_\_\_

MAIL FORM TO:  
 LI Back to Basics Basketball Camp  
 Attn: Sean Boylan  
 1 Woodhull Ct.  
 Northport, NY 11768  
*\*Include deposit and Medical Release Form*

A \$100 non-refundable deposit & Medical Release Form must accompany this Registration Form. Full payment is also accepted. Campers will not be allowed to participate without a Medical Release Form.

**Make checks payable to: LI BACK TO BASICS BASKETBALL CAMP**