

REGISTRATION FORM SUMMER 2025

CAMPER NAME:					GENDER:			
IBLING NAM	E(S) & AGES IF AT	TENDING SAMI	E SESSION:					
DDRESS:								
ITY:			STATE:		ZIP:			
ARENT CELL	#:		HOME/WORK #:					
MAIL ADDRE	SS:							
TE OF BIRTH:			AGE:	G	GRADE IN THE FALL:			
4S YOUR CH	ILD ATTENDED B	ACK TO BASICS	BEFORE? Yes	No				
SESSION	NAME	DATES	LOCATION	TIME	COST	# KIDS	SUBTOTAL	
1	Tip-off Session	June 30-July 3	Trinity ENPT	9:00-2:00	\$325			
2	Skills Week	July 14 - 18	Trinity ENPT	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	all dates - must	all dates - must meet age requirements					
				;	Subtotal:			
isit <u>www.bac</u>	cktobasicsbasketba	all.com for availal	ole discounts		<u>Discounts:</u>			
					TOTAL DUE:			
MAIL FORM	TO:		AMOUNT ENCLOSED:					
I Back to Ba	asics Basketball C	amp .					_	

Attn: Sean Boylan

1 Woodhull Ct.

Northport, NY 11768

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

*Include deposit and Medical Release Form.

Form

Make checks payable to: LI BACK TO BASICS BASKETBALL CAMP