

## REGISTRATION FORM SUMMER 2024

CAMPER NAME:						GENDER:			
SIBL	ING NAME	E(S) & AGES IF AT	TENDING SAME	SESSION:					
ADD	RESS:								
CITY:				STATE: ZIP:					
PARENT CELL #:				HOME/WORK #:					
EM <i>A</i>	AIL ADDRES	SS:							
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 27-July 2	St. Philip NPT	9:00-2:00	\$295			
	2	Skills Week	July 15 - 19	Trinity ENPT	9:00-2:00	\$300			
	3	Multi-Sport I	July 22 - 26	Trinity ENPT	9:00-1:00	\$250			
	4	Elite BOYS	July 22 - 26	Trinity ENPT	1:30-4:00	\$250			
	5	Multi-Sport II	Aug 5 - 9	Trinity ENPT	9:00-1:00	\$250			
	6	Summer Pass	all dates - must	es - must meet age requirements					
Subtotal:									
*Visi	t <u>www.bac</u>	ktobasicsbasketba	ıll.com for availal	available discounts <u>C</u>			Discounts:		
						TOTAL DUE			
MAIL FORM TO:						TOTAL DUE:			
				AMOUNT ENCLOSED:					

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