

SHOOTING
BALL HANDLING

Triple Threat Basketball
Day Camps Summer '09

FUNDAMENTALS
MORE!

PLEASE COMPLETE THIS FORM, CHECK ALL APPROPRIATE BOXES, AND FAX TO 916-625-0780
DAY CAMP REGISTRATION FORM

PLAYER NAME: _____
LAST FIRST

GENDER: FEMALE MALE

| | | | | | | |
|---------|---|------------|--------------------------|--------------------------|--------------|----------|
| SESSION | 1 | July 6-9 | <input type="checkbox"/> | <input type="checkbox"/> | 9:00 TO 1:30 | \$150.00 |
| SESSION | 2 | July 20-23 | <input type="checkbox"/> | <input type="checkbox"/> | 9:00 TO 3:00 | \$150.00 |

GRADE 12TH 11TH 10TH 9TH
 8TH 7TH 6TH 5TH
 4TH 3RD

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____
 SHIRT SIZE YOUTH S M L XL
 SHIRT SIZE MEN S M L XL
 SHIRT SIZE WOMEN S M L XL

MOTHER'S NAME _____ FATHER'S NAME _____

MOTHER'S CELL PHONE _____ FATHER'S CELL PHONE _____

MOTHER'S EMAIL ADDRESS _____ FATHER'S EMAIL ADDRESS _____

HOME PHONE _____ EMERGENCY CONTACT AND PHONE _____

Name of Parent/guardian _____ Signature of parent/guardian authorizing player participation _____

FAX REGISTRATION FORM TO
(916)625-0780

OR MAIL REGISTRATION FORM AND CHECK TO
TRIPLE THREAT SPORTS CAMPS, INC. 3953 RAWHIDE RD, ROCKLIN, CA 95677

FOR QUESTIONS CALL: 916-630-0780 OR EMAIL: TTC1991@AOL.COM

FOR CREDIT CARD PAYMENT COMPLETE THE FOLLOWING:

You may fax credit card payment information to: (916)625-0780

BILLING INFORMATION FOR PAYMENT TO TRIPLE THREAT BASKETBALL CAMP
PAYMENT METHOD: CHECK _____ VISA _____ MASTER CARD _____

We DO NOT accept American Express or Discover or Corporate Cards

PLAYER NAME: _____

Camp:check one: SESSION 1: July 6-9 SESSION 2: July 20-23

Credit card number: _____ Card security digits: _____

Name on card: _____ Expiration: _____

Billing address: _____

Credit card Statement ZIP CODE: _____

Dollar Amount authorized to credit card: _____ \$

Authorized signature: _____ Date: _____

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