

\*SHOOTING PERFECTION  
\*FUNDAMENTALS  
\*POSITION SPECIFIC

Triple Threat Basketball  
Personal Training  
Individual and Semi-private

\*BALL HANDLING  
\*INDIVIDUAL SPECIFIC TRAINING

**PLEASE COMPLETE THIS FORM, CHECK ALL APPROPRIATE BOXES, AND FAX TO 916-625-0780**  
**TRAINING REGISTRATION FORM \*\*\* MINIMUM ONE MONTH SESSION**

PLAYER NAME: \_\_\_\_\_  
LAST \_\_\_\_\_ FIRST \_\_\_\_\_

GENDER: FEMALE  MALE

SESSION 1	TUES/THURS	<input type="checkbox"/>	START DATE	<input type="checkbox"/>	3:30 TO 5 PM	\$255.00 PER MONTH
	<i>Semi-private</i>	<i>3 hrs per week</i>				4 weeks
SESSION 2	Call for days	<input type="checkbox"/>	START DATE	<input type="checkbox"/>	3:30 TO 5 PM	\$900.00 PER MONTH
	<i>Individual</i>	<i>3 hours per week call for scheduling</i>				4 weeks

GRADE 12TH  11TH  10TH  9TH   
8TH  7TH  6TH  5TH

HOME ADDRESS \_\_\_\_\_

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

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 _____	SESSION 2 _____
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: _____