

*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>			or by appt.	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>	3 hours per week call for scheduling			or by appt.	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: _____