

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 Elementary July 6-9	<input type="checkbox"/>	<input type="checkbox"/>	9:00 TO 1:30	\$150.00
SESSION 2: 6-12th gr July 6-9	<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: <b>SESSION 1: July 6-9</b> *sessions are separate	<b>SESSION 2: July 6-9</b> <input type="checkbox"/>
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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