

COUGAR BASKETBALL CAMP REGISTRATION FORM 2004

CAMPER'S LAST NAME, FIRST NAME

CITY

PHONE:

ATTENDING:

AUG. 9-13

AUG. 16-20

Both Weeks

MALE

FEMALE

T-SHIRT SIZE S M L XL (CIRCLE ONE)

AGE AT CAMP

SCHOOL:

GRADE:

HEALTH CARD #

FAMILY/GUARDIAN INFORMATION

NAME OF GUARDIAN

ADDRESS

CITY

PHONE

ALTERNATE PHONE