

TRI-STATE FROSH-SOPH/VARSITY BOYS' TEAM & FREE AGENT CAMP ENROLLMENT
LAKELAND COLLEGE • SHEBOYGAN • JUNE 19th – 21st, 2009 • TriStateCamps.com
(Registration Deadline: June 10th, 2009)

Name _____ Grade Next Fall _____ Height _____

Home Address _____ City _____ State _____ Zip _____

School Name _____ Home Phone _____ E-mail (optional) _____

T-Shirt Size (Circle One) S M L XL XXL Parents' Work Phone _____ Parents' Fax (optional) _____

Roommate Preference _____ Commuter: Yes No H.S. Coach _____

\$100 Deposit-Balance in full upon arrival at camp \$195 Full Cost Individual Coach Home Phone _____

\$175 Full Cost Commuter Balance of \$95 due on arrival Make Check Payable to: *Tri-State Basketball Camp*

Parent's Statement: *I hereby authorize the directors of the Tri-State Camp to act for me according to their best judgment in any emergency requiring medical attention. I accept full responsibility for liability and cost of treatment for the above registered person.*

X Parent's Signature _____

MUST BE SIGNED

Return to: *Tri-State Basketball Camp, 605 S. Randolph St., Cuba City, WI 53807*