

REGISTRATION - 2022 GREG KAMPE BASKETBALL FUNDAMENTAL CAMPS

PLEASE PRINT CLEARLY

Name of Camper: _____ Age (at time of camp): _____
Address: _____ City: _____ State: _____ Zip: _____
Grade (Fall of 2022): _____ School: _____ Previously attended our camp: **Y** **N**
Parent/Guardian Name: _____ Cell #: _____
Parent/Guardian Name: _____ Cell #: _____
Parent/Guardian Email: _____ **(Camp Confirmation sent via email!)**
Parent/Guardian Signature: _____ Date: _____

APPLICATION: Must include full payment or \$100 deposit (**applied to final cost of camp**). Payments are **FULLY** refundable up to a week prior to the start of camp. After that time, \$50 will not be refunded. Credit card payments accepted online. Balance due one week prior to start of camp.

Camp fees include daily lunch, gatorade, camp basketball, and 5 tickets to a 2022-23 home men's basketball game.

Any cost of awards are included in the cost of entry.

PLEASE INDICATE SESSION ATTENDING:

PAYMENT:

Make check payable to: **Oakland Basketball LLC**

Mail with application to: Oakland Basketball LLC,
569 Pioneer Drive, Rochester, MI 48309

AMOUNT ENCLOSED:

- Full Payment _____
 \$100 Deposit (applied to total cost)
 Other _____

Session 1: June 19-22
 \$300 \$320 (includes Nike t-shirt; select size below)

Session 2: July 25-28
 \$300 \$320 (includes Nike t-shirt; select size below)

T-SHIRT SIZE (\$20)

- Youth S Youth M Youth L Youth XL
 Adult S Adult M Adult L Adult XL

RELEASE AND PERMISSION (PLEASE PRINT CLEARLY)

I wish to enroll in the 2022 Oakland Basketball Camp for boys. Oakland Basketball LLC, the director, Oakland University or anyone else connected with the camp assumes no responsibility for accidents (medical/dental) or any other injuries sustained as a result of attending this camp. My parent/guardian authorizes the directors of the camp and those acting on their behalf to act in their best judgment in any emergency requiring medical attention. **I will furnish my own insurance.**

These camps are open to any and all entrants, restricted only by age, gender, grade level, and number of participants.

Parent/Guardian Name: _____ Signature: _____

Health/Accident Insurance Company: _____ Policy #: _____

*****CONFIRMATION EMAIL WILL BE SENT ONCE REGISTRATION FORM IS PROCESSED*****

FOR OFFICE USE ONLY

Notes: _____

Date Received: _____
Amount Received: _____
Check #: _____