

2014 CUBA CITY BASKETBALL CAMP APPLICATION

(Registration Deadline: June 2nd - 2014)

Name _____ Grade Next Fall _____ Male: Female:

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ E-mail (optional) _____

T-Shirt Size: (Circle One) Youth S Youth M Youth L S M L XL XXL

Make check payable to *Cuba City Basketball Camp* | Cost: \$70 per individual, family discounts available for multiple campers

Parent's Statement: *I hereby authorize the directors of the Cuba City 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: *Cuba City Basketball Camp, 605 S. Randolph St., Cuba City, WI 53807*