



Kendrick Basketball Camps Registration Form

Summer Camp

July 27th through July 31st

Hours : Sunday 2:00-5:00pm, Monday-Thursday 9:00 am-4:00pm

Fill out the form and send it in with payment made out to Kendrick Basketball Camps

**Mail to: Kendrick Camps, Inc
3003 Sullivan Street
West Lafayette, IN 47906**

Cost of the camp \$200.00

At Central Catholic High School in Lafayette, IN

Name: _____ Gender: (circle one) M F

Date of Birth _____

Address: _____

City _____ State _____ Zip _____

Phone number: (home) _____ Office _____ Cell _____

Emergency Name and Phone number _____
(in case the parents or guardians can't be reached)

School: _____

Grade (as of Fall 2008) _____

T-Shirt Size (Circle one): S M L XL

Name of Physician: _____ Physician's Phone #: _____

I hereby attest that my son /daughter is in good health. I will not hold Kendrick Camp liable for any injuries my son/daughter might sustain while at Kendrick Camp.

Signature of Parent/Guardian: _____