## ALL ISLAND BASKETBALL CAMP REGISTRATION SUMMER 2019

						LU
PRINT CAMPER'S LAST NAME:			FIRST NAME:			
SEX: □MALE □FEMALE	AGE:			GRADE: (entering in September)		
STREET ADDRESS:						
CITY:	STATE:			ZIP CODE:		
E-MAIL ADDRESS:						
FATHER'S NAME AND DAYTIME PHONE NUMBER:			OITIONAL O PHONE I	_	NCY CONTACT N	AME
( )		(	)			
MOTHER'S NAME AND DAYTIME PHONE NUMBER:		HON	ME PHONI	E NUMBE	:R:	
( )		(	)			
ADDITIONAL PARENT CONTACT: (PHONE, CEBEEPER)	ELL,	TEE SIZE	SHIRT	□SMA	ALL □MEDI	JM
( )		(CH	ECK ONE	) □LAR	GE □EXTR LARGE	A
CHECK DESIRED SESSIONS:  NOTICE: MOST campers are eligible for a a check for the full amount! Campers entering g						ou write
☐ WW SESS. 1 JULY 29 – AUGUST 2	2, 2019	9	\$340	0.00	PER SESSIC	N
METHOD OF PAYMENT: CHECK OR MONEY ORDER PAYABLE TO:		MAIL PAYMENT & REGISTRATION TO:				
	A	ALL ISLAND BASKETBALL CAMP				

(631) 543-2801 • http://www.allislandbasketballcamp.com

SUITE 186

273 WALT WHITMAN ROAD

**HUNTINGTON STATION, NY 11746** 

**ALL ISLAND BASKETBALL CAMP** 

**RECEIPT** 

PAYMENT WILL BE CONFIRMED ON