

2010 Wooster Basketball Camp for Girls

REGISTRATION FORM

Name of camper _____ Phone _____

Address _____

City _____ State _____ Zip _____

Parents' E-mail Address _____

Confirmation materials will be sent via e-mail. Please set your computer to approve recipient of **Dlash@wooster.edu**

Age _____ (as of July 1, 2010) Grade in school entering as of September 2010 _____

Name of school _____ City _____

Parent or guardian _____

Work/cell phone _____ Repeat Camper

If the parent or guardian plans to be away from home during the camper's stay at Wooster, please indicate a substitute for emergency purposes:

Name _____ Phone _____

City _____ State _____

Roommate Request: I wish to room with _____

Please request only **one name** as triple and quad rooms are not available this year.

Enclose \$200 (**non-refundable**) deposit with this form for each camper. The remainder of the \$425 fee will be collected at the time of registration. A late fee of \$25 will be assessed for registration received after June 28 (Session I) or July 5 (Session II).

Confirmation will be sent later. To ensure your enrollment, return the registration form as soon as possible.

Make checks payable to **Wooster Basketball Camp for Girls**

Please select a session below:

Session I July 5 - 8 (\$425)

Session II July 11 - 14 (\$425)

Mail to: Lisa Campanell Komara, Director
Wooster Basketball Camp for Girls
The College of Wooster
1267 Beall Ave. • Wooster, Ohio 44691-2363

Telephone: **(330) 263-2174** or Diane Lash, camp admin. assistant at
(330) 263-2499

Email: **Lcampanell@wooster.edu**

Website: **www.woosterbasketballcamp.com**