

HOME COURT SUMMER BASKETBALL CAMP 2017
A program of the Safe Haven West Side Basketball League

NAME OF PLAYER _____

ADDRESS _____ APT. _____

CITY _____ STATE _____ ZIP CODE _____

tel: home _____ cell _____

e-mail: _____

age _____ date of birth _____ sex _____ current grade _____ school _____

Name of Parents/Guardians:

1. _____ daytime tel: _____

2. _____ daytime tel: _____

Emergency contact: _____

Program is open to everyone! Don't miss out! Register Now!

Online registration: www.safehavenhoops.org available May 7, 2017.

Drop off or Mail form and check payable to: Safe Haven West Side Basketball League, Copy Experts, Box 257, 2440 Broadway (90th St.) New York, NY 10024

Please indicate week(s):

Week 1: July 10 – July 14 _____

Week 2: July 17 – July 21 _____

Week 3: July 24 – July 28 _____

Single weeks: Payment RECEIVED BY June 18 \$275; sibling discount \$175

Single weeks: Payment RECEIVED AFTER June 18: \$325; sibling discount \$225

Two weeks: Payment RECEIVED BY June 18: \$450; sibling discount \$300

Two weeks: Payment RECEIVED AFTER June 18: \$550; sibling discount \$400

Three weeks: Payment RECEIVED BY June 18: \$650; sibling discount \$450

Three weeks: Payment RECEIVED AFTER June 18: \$750; sibling discount \$550

Enclosed is check in the amount of _____.

Parent/guardian signature _____