

Scott Jolly's 2017 Summer Basketball Camps

Boys and Girls entering Grades 1 - 9

Sign-Up Now ★ Space is Limited

June 19-23 and July 10-14

9:00 am-3:00 pm Wesley Prep, 9200 Inwood Rd. Dallas 75220



For more information: www.jollybasketball.com, scott@jollybasketball.com or 214-346-8132

Make Checks Payable to Jolly Basketball

Camper's Name		Sex	Age	T-Shirt Size:(circle one)
Iome Phone	Parent's Work/Cell/Pager Numbers	Youth Medium Youth Large Adult Small Adult Medium Adult Large		
arents' Names	Other Contact Person's Name & Phone Numbers			
ome Street Address	•			Adult X-Large Adult XX-Large
ity/State/Zip	Parent email address (required for confirmation	n)		
rade in Fall	School Attending			
ocal Doctor	Phone	Hospital		
ealth Insurance Company Name & Address				
olicy Holder's Name				
dedication or Other conditions that we need to be aware of				
Wesley Prep Camp June 19-23 Individual \$220 by June 5 \$235 after June 5	Wesley Prep Camp □July 10-14 Individual □ \$220 by June 5 □ \$235 after June 5	 A nonrefundable deposit of \$100 or full payment is required with each application. No refund will be given once camp begins. All Campers must have family medical insurance or be self-insured. The team discount applies only when five or more forms from the same team are turned in together. You will receive more information and a confirmation upon receipt of this completed registration form. 		
Team (Must be 5 or more from same team turned in together) □ *\$200 per person by June 5 □ *\$220 per person after June 5 * (Must be 5 or more from same team turned in together)	Team (Must be 5 or more from same team turned in together) □ *\$200 per person by June 5 □ *\$220 per person after June 5 * (Must be 5 or more from same team turned in together)			
o compete in camp activities. I hereby authorize mergency requiring medical attention. I ackno- urred due to sickness or injury to my child. I h	rticipate in Scott Jolly's Basketball Camp, and I ack e the Director of Scott Jolly's Basketball Camp to a wledge that I will be responsible for any cost (thro ereby waive any claims I might have against the Jol ohs or videos of my child may be used by Jolly Baske	ct for mo ugh fami ly Baske	e according ily medical i tball Camp,	to his best judgment in ar nsurance or otherwise) in Scott Jolly, S. Jolly Ente
ignature of Parent or Guardian listed above		Date		