

2008 Girl's Registration Form
Mail this application in along with \$50 deposit

(Please print or type)

Player's Name _____

Height _____ Player's Position _____ Birthdate _____

Grade for next School Year (2008-09) _____

Player's School for 2008-09 _____

City of School _____ State _____ Zip _____

Player's Home Address _____

City of Home _____ State _____ Zip _____

Coach _____

Player's Home Phone (____) _____

Roommate Preference _____

Refunds/Cancellations

Canceling 15+ days prior to camp = \$25 fee. Canceling 3-14 days prior to camp = \$50 fee. No refund of total tuition fee if fail to give a 2 day notification that a player cannot attend. Players leaving camp early due to injury or other reasons will not receive a refund due to contractual obligations with Georgetown College. "No-shows" forfeit entire payment.

High Potential does not provide medical insurance for campers. This is the responsibility of the parent or guardian. Your signature below gives permission for her treatment for injury or illness at the Georgetown Community Hospital with the understanding that the financial responsibility is yours.

Parent Signature: _____ Date: _____

Circle T-shirt Size (adult sizes): X-Large / Large/ Medium

Please indicate which payment plan you are sending with this application: (Note! Balance due two weeks before the start of camp)

_____ \$50.00 Deposit - Check enclosed

_____ \$160.00 Total Tuition - Check enclosed

_____ Mastercard _____ Visa Amount to be billed \$ _____

Card No. _____ Exp. Date _____

Make all checks payable to: **HIGH POTENTIAL BASKETBALL CAMP** and mail application and deposit to:

**HIGH POTENTIAL BASKETBALL CAMP • P.O. BOX 155 •
SHEPHERDSVILLE, KY 40165.**

**For questions call (502) 543-7308, fax (502) 543-4635 or e-mail
bolus@insightbb.com.**

Note: A confirmation packet will be mailed to you upon receipt of your application and deposit.