



Basketball Camp Week Registration Form

Please return this form to Ruth Balster at the front desk
of the administration building as soon as possible.

Student Name: _____

Grade: _____ Teacher: _____

Register for: _____

Morning ____ (9 – Noon) or Afternoon ____ (1 – 4 p.m.)

Amount enclosed: _____ Please make checks payable to
Veronica Johns-Richardson (\$180.00).

Parent Name: _____

Parent Contact Phone: _____

Parent Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

**For administrative
purpose only**

Date
returned: _____

Time: _____

Check# _____

Amount _____