

2009 SNOW VALLEY BASKETBALL SCHOOLS APPLICATION

Name: First: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone: (_____) _____ Alternate Phone: (_____) _____

Date of Birth: _____ Age: _____ Sex: _____ Height: _____

Position: _____ Grade in Fall _____

School: _____ Competitive Level: _____

SESSION SELECTION:

Boys Session I Boys Session II Boys Offensive Clinic Girls

Please add \$50 extra night stayover fee (between Boys Session I and Offensive Clinic)

Roommate Request (if applicable): _____

PAYMENT INFORMATION:

Person Paying: _____

Address (if different): _____

Telephone: (_____) _____ (_____) _____
Home Business

METHOD OF PAYMENT: MasterCard VISA Check

Deposit (plus registration fee \$265)

Full Payment



Please add \$25.00 for Refund Protection to my camp deposit/tuition.

Please charge the remainder of my camp fee to my credit card on May 20, 2009.

Credit Card No. _____ Exp. Date _____

By submitting this application to US Sports Camps, I affirm that I have read and agree to the US Sports cancellation policy and hereby accept the terms of enrollment described in this brochure. Furthermore, I agree to pay all camp fees and authorize US Sports Camps to charge my credit card (if applicable).

PARENT OR GUARDIAN SIGNATURE X _____

For more application blanks - Make copies of original, or contact the camp office.

Make checks payable and mail to:

Snow Valley Basketball Schools

750 Lindero Street, Suite 220

San Rafael, CA 94901

1-800-433-6060 • Fax: 415-479-6061



SNOW VALLEY
BASKETBALL SCHOOLS
ESTABLISHED 1961

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