

TRI-STATE FROSH-SOPH/VARSITY BOYS' TEAM & FREE AGENT CAMP ENROLLMENT
LAKELAND COLLEGE • SHEBOYGAN • JUNE 25th – 27th, 2014 • TriStateCamps.com
(Registration Deadline: June 17th, 2014)

Name _____ Grade Next Fall _____ Height _____

Home Address _____ City _____ State _____ Zip _____

School Name _____ Home Phone _____ E-mail (optional) _____

T-Shirt Size (Circle One) S M L XL XXL Parents' Work Phone _____ Parents' Fax (optional) _____

Roommate Preference _____ Commuter: Yes No H.S. Coach _____

\$100 Deposit-Balance due in full upon arrival at camp \$225 Full Cost Resident \$200 Full Cost Commuter

Make Check Payable to: Tri-State Basketball Camp

Parent's Statement: *I hereby authorize the directors of the Tri-State Camp to act for me according to their best judgment in any emergency requiring medical attention. I accept full responsibility for liability and cost of treatment for the above registered person.*

X Parent's Signature _____

MUST BE SIGNED

Return to: *Tri-State Basketball Camp, 605 S. Randolph St., Cuba City, WI 53807*