

**\*\* All fields are required! Staff reserves right to refuse camper's registration if form is missing data**

First:  Last:   
Address:   
City:  State:  Zip:   
Phone:  Parent:   
Cell:   
Email:   
School:  GPA:   
Team:   
Travel:  Birthdate:  MM/DD/YYYY  
Team:   
Position:  Ht:  Wt:   
Gender: Male  
Classof:  2014  2015  2016

**Insurance Information:**

Carrier:   
Policy#:  Group#:

T- Shirt Size(adult) XXXL XXL XL L  
Emergency Contact –(name and telephone )

**Are you staying in a hotel** YES NO  
**If so, which one ?**

**Camp Fees: \$95**

**– \$50 non-refundable deposit secures your spot**

**Invitees must sign up prior to February 26, 2010 to secure your spot .**

**Items You Provide in the registration packet:**

- ° Registration form
- ° Registration fees or deposit
- Participant , Team Representative , and/or Parents Release of Liability form

**Send Registration to: Indiana Top 100 Basketball Camp, P.O. Box 285 1350- C W. Southport Road Indianapolis,IN, 46217**

Make checks payable to : **Club Indiana**

Registration deadline is February 18 <http://www.unicon.net/content/senior-net-developer, 2011>