

# 2012 CAMP APPLICATION

www.basketballfactoryct.com

PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_  
(LAST) (FIRST)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

GRADE (SEPT. 2012) \_\_\_\_\_ EMAIL \_\_\_\_\_

## HEALTH/ACCIDENT INSURANCE COVERAGE:

NAME OF COMPANY: \_\_\_\_\_

I.D. #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

## CHECK SESSION ATTENDING:

- BOYS \_\_\_\_\_ \$495 Overnight \_\_\_\_\_ \$375 Extended Day \_\_\_\_\_ \$250 Regular Day  
 GIRLS \_\_\_\_\_

**DEPOSIT: \$250 required; remainder due July 1**

**ROOMMATE REQUEST:** (all rooms have 2 beds)

NOTE: Arrangements for roommate requests should be made in advance with all parties involved. Due to dorm availability, roommate requests can not always be guaranteed.

I hereby authorize the staff of The Basketball Factory Camp to act for me according to their best judgement in any emergency requiring medical attention, and I hereby waive and release the Camp from any and all liability for any injuries or illnesses incurred while at Camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the Camp program, as outlined in the brochure. I also understand the Camp retains the rights to use (for publicity and advertising purposes) photographs of campers taken at Camp.

PARENT OR GUARDIAN'S SIGNATURE: \_\_\_\_\_

Please make check payable to:

**BASKETBALL FACTORY**

Mail to: P.O. BOX 904 • WALLINGFORD, CT 06492

Camp Phone: (203) 284-0200

EMAIL: bballfactory@aol.com • WEBSITE: www.basketballfactoryct.com

## OFFICE USE ONLY

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date \_\_\_\_\_ Balance \$ \_\_\_\_\_