

TEACHES Basketball Camp Registration Form

Please fill out and mail in with payment to: Teaches Basketball Camps LLC
 59 South Greeley Ave
 Chappaqua, NY 10514

Name of Participant:		Age of Participant:	
Name of Additional Participant:		Age of Participant:	
Name of Additional Participant:		Age of Participant:	
Name of Parent(s)/Guardian(s):			
Day Phone: ()		Evening Phone: ()	
Street Address:			
City:		State:	Zip Code:
Email Address:			
Emergency Contact Name:		Phone:	
Method /Amount of payment enclosed:			

Camps:

Dates	Town	Location	Number of Campers	Amount Due

Submission of this form alone does not reserve enrollment. This registration form must be accompanied by full payment.