

Steve Alford

2007

LOBO BOYS BASKETBALL CAMP

JUNE 27-30, 2007



Steve Alford Basketball Camps
MSC 04 2690
1 University of New Mexico
Albuquerque, NM 87131-0001

NON PROFIT ORG
US POSTAGE PAID
ALBUQUERQUE NM
PERMIT NO 39

2007 Lobo Camp Includes:

- 2007 Lobo Camp T-Shirt
- Full Insurance Coverage
- League Games
- Tournaments • Contests
 - Prizes
- Lobo Players/Coaches Autographs
- Daily Fundamental Drills
- Guest Speakers
- Full-Time Trainer On-Site
- Small Groups Divided by Ability & Age
- Lobo Camp Store —
Camp Bank
- A Chance to Meet and Play with the Lobos
- PLUS MUCH MORE ...

Come join Head Coach
Steve Alford
the Lobo Coaching Staff
for the 2007 Lobo
Basketball Camps!

On hand will be present and former Lobo players! These camps also include high school and junior high school coaches.

REGISTRATION AT RUDY
DAVALOS BASKETBALL CENTER
1111 UNIVERSITY BLVD. SE
SOUTH OF THE PIT

9AM-Noon: Grades 1-6 1PM-4PM: Grades 7-12

STEVE ALFORD BOYS BASKETBALL CAMP REGISTRATION

PLEASE COMPLETE & RETURN ENTIRE PAGE!

JUNE 27-30 BOYS INDIVIDUAL SKILLS CAMP

9:00 AM - Noon • \$140.00 • Reg & Check In 8:00 – 9:00 AM

1:00 PM - 4:00 PM • \$140.00 • Reg & Check In Noon – 1:00 PM

REGISTRATION AT THE RUDY DAVALOS BASKETBALL CENTER



**ALL THE ACTION TAKES PLACE AT:
THE PIT
RUDY DAVALOS BASKETBALL CENTER
JOHNSON CENTER**



CALL US TODAY!

Camp Hotline!

(Toll Free)

1-877-321-7488 or

(505) 925-5751

Fax (505) 925-5759

www.GoLobos.com

CHILD'S NAME: _____ AGE _____ GRADE (FALL, 2007) _____ 9-Noon Grades 1-6

CHILD'S NAME: _____ AGE _____ GRADE (FALL, 2007) _____ 1-4pm Grades 7-12

PARENT(S) NAME _____

PHONE: (1) _____ (2) _____ (3) _____

ADDRESS: _____ E-MAIL _____

CITY: _____ STATE: _____ ZIP: _____ SCHOOL _____

PAYMENT IN FULL \$ _____ DEPOSIT \$ _____ **(NON-REFUNDABLE)**
\$50.00 DEPOSIT PER CAMP REQUIRED TO RESERVE YOUR SPOT

LIST ANY ALLERGIES/MEDICAL CONDITIONS/PHYSICAL PROBLEMS WE SHOULD KNOW ABOUT: (IF NONE, PLEASE WRITE "NONE")

Medical Waiver

In consideration of my participation in the Steve Alford Basketball Camps, I hereby release the Lobo Camp and University of New Mexico and any of their employees and instructors from any and all present and future claims resulting from negligence of the above parties for property damage personal injury or wrongful death, that may result from my participation in all activities associated with the Steve Alford Camp. I understand and am aware of the inherent risks that are included in the sport of basketball. I have signed the Medical Release Form and understand that Steve Alford Camp administrators will act in my best interest in the event of a medical emergency and that I will be responsible for all expenses included in the transportation or treatment of my child or myself. Additionally, I agree to accept any and all inherent risks of property, damage, personal injury, or death. I affirm that I have read this form and fully understand that by signing this form, I am giving up legal rights and remedies which may be available to me for the ordinary negligence of the Steve Alford Camp or any parties listed above. I further affirm that I am of legal age and I am freely signing this agreement.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

PARTICIPANT SIGNATURE _____ DATE: _____

INSURANCE CO _____ INSURANCE ADDRESS _____

NAME OF POLICY HOLDER _____ POLICY # _____

Make checks payable to: Steve Alford Basketball Camps

Mail To: Steve Alford Basketball Camps
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1 University of New Mexico
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