

2012 Joi Williams Basketball Camp Application Form

Name _____ Date of Birth _____

Address _____ Age _____

City _____ State _____ Zip _____

Parent/Guardian _____

Home Phone () _____ Work Phone () _____

Emergency Contact Name _____

Current School Attending _____ Grade _____

(In Fall 2011)

Coach _____ High School Letter Award _____

(Yes or No)

Email _____

Adult T-shirt Size (Please Circle) Small Medium Large X-Large

Choose a camp...

FUNDAMENTAL DAY CAMP

June 18 – 22 9:00am to 4:00pm

_____ \$75 Deposit

_____ \$190 Full Payment

POSITION PLAY CAMP

June 9 9:00am to 5:00pm

_____ \$50 Full Payment

OFFENSIVE SKILLS CAMP

June 25 – June 27 1:00pm to 4:00pm

_____ \$25 Deposit

_____ \$75 Full Payment

Send a separate application and deposit for each child

Deposits are refundable ONLY for medical reasons. Requests must be accompanied by a physician's letter and must be received before your camp session begins. A \$25 application processing fee will not be refunded.

QUESTIONS???? Call 1-407-823-6266

Make check payable and send with application to:

Joi Williams Basketball Camp
4250 Alafaya Trail Ste 212-325
Orlando, FL 32765

Waiver and Liability form will be sent to you once application is received.