

2008 UCLA GIRLS BASKETBALL CAMP REGISTRATION FORM

Camper Name: _____ Birthdate: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Email (required for confirmation): _____
 Grade in School (Fall '08): _____ School: _____
 Mother/Guardian: _____ Day Phone (cell/work): _____
 Father/Guardian: _____ Day Phone (cell/work): _____
 Position: _____ Teammate Request: _____
 Roommate Preference (overnight campers only): _____

MEDICAL INFORMATION

Emergency Contact (other than parent): _____ Phone: _____
 Family Doctor: _____ Phone: _____
 Allergies: _____
 Current medications: _____ Date of last tetanus booster: _____
 Pertinent Medical History: _____
 Insurance Policy Holder's Name (required): _____
 Insurance Co. (required): _____ Policy # (required): _____

SESSIONS

Enter Amount:

Team Camp (Grades 9-12): June 20-22 - **\$500 per team** (or \$900 for 2 teams)
Submit all team registration forms together; 7-12 players per team \$ _____

Day Camp (Ages 6-12): July 7-10, 9:00am-3:00pm— **CANCELLED** \$ _____

Overnight Camp (Ages 9-18): July 22-25
 Resident **\$515** Commuter **\$415** \$ _____

UCLA Alumni Association or Faculty/Staff Discount - less \$25 per session - \$ _____
 (MUST include copy of card to receive discount)

TOTAL DUE: \$ _____

PAYMENT

Payment enclosed: Full payment
 Deposit only (\$150 per session - balance due by June 2)
 Please review our cancellation policy at www.uclasportscamps.com

CHECK - Payable to UC Regents (please include camper's name on check)
 CREDIT CARD - if paying deposit only, the balance will be charged on June 2

Please charge my: Visa Mastercard Discover (sorry, no American Express)

Card #: _____ Exp. Date: / _____

Cardholder's Name (print): _____

Cardholder's Signature: _____

<p>Register online at www.uclasportscamps.com</p> <p>Questions? Call (310) 206-3550 or email camps@athletics.ucla.edu</p>	<p>By fax: (310) 206-7527 By mail: UCLA Sports Camps P.O. Box 24044 Los Angeles, CA 90024-0044</p>
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