

2009 Carroll College Boy's Basketball Camp Application

(Open to boys in grades 5 through 12 in the Fall of 2009)

Name _____ Grade Entering in Fall 2009 _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Emergency Numbers () _____ () _____

Roommate preference:(Name) _____ Grade _____

(If you don't have a roommate preference,we will assign you one.)

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO—CARROLL COLLEGE BASKETBALL CAMP

Please choose a week—

June 15-19 (Mon–Fri)

June 22-26 (Mon–Fri)

Please choose on or off campus housing for the week—

On-Campus, \$375 (\$100 deposit required)
(On-Campus includes all meals at Sodexho Food Service.)

Off-Campus, \$220 (\$100 deposit required.This does not include any Sodexho meals.)
(Partial meal tickets can be purchased on the day of registration from Sodexho Food Service.)

SPECIAL RATES

Group rates with \$40 discount per player if eight or more applications are mailed together.

Family rates at \$40 discount per player if two or more applications for Boys' Camp are from the same family and mailed together.

Additional week's session at \$40 discount

NOTE—ONLY ONE DISCOUNT RATE MAY BE APPLIED PER PLAYER

CANCELLATIONS AND REFUNDS

If cancellation is received by June 12th (for 1st week) or June 19th (for 2nd week), your deposit—minus \$50, will be refunded.After June 12th or 19th, refunds - minus \$50, will only be refunded for medical reasons and with a physicians letter.Campers who leave during the week because of illness or injury will receive a prorated refund.No refunds will be given to campers who leave voluntarily or to those who are sent home for disciplinary reasons.

Be warned—basketball is a physical game which can result in serious injury to the participant.Although every precaution will be taken,camp students can be seriously injured while participating in the Carroll College Basketball Camp.I hereby authorize the directors of the Carroll College Basketball Camp to act according to their best judgement in any emergency requiring medical attention.I, for myself,and for my child, hereby release and agree to hold harmless Carroll College, its employees,and the directors and staff of the Carroll College incurring during my child's attendance at the camp. **I acknowledge that Carroll College and the camp do not provide insurance of any kind for the camp's participants.**

Date _____ Signature of Parent or Guardian _____

Name of your Insurance Co. _____

PLEASE RETURN TO—Gary Turcott, Carroll College Boys' Basketball Camp, 1601 N Benton Ave Helena, MT 59625-0002



**36th Annual
Carroll
Boy's Basketball Camp**

Two Identicle weeks June 15-19 (Mon-Fri) June 22-26 (Mon-Fri)

