

APPLICATION FORM 2017

Camper's Name:.....

Address:.....

Home Phone No.:..... Date of Birth:..... Age:.....

Email:.....

Male Female Club / School:.....

Basketball Coach:.....

Give details of any relevant medical conditions or special dietary needs:

Mother/Father's Name & Mobile No.:.....

Fees:

Residential €385 Non-Residential €215

Deposit €100 Deposit €100

Deposits will not be refunded after July 1st 2017. Balance of fees to be paid by July 18th 2017

For online payment see www.shootinghoopsbasketballacademy.com

Cheques should be made payable to Shooting Hoops and addressed to:

Shooting Hoops, 26 Brookville, Glanmire, Co. Cork.

Please select t-shirt size:

Small Medium Large X-Large

Youth Sizes: Youth Age 9-11 Large Youth Age 12-14 X-Large

Conditions of Application:-

I agree that I shall be bound by the rules of the camp.

Neither the organisers nor their agents shall be under any liability whatsoever regarding personal injury, loss or medical expenses incurred while attending camp.

Parental Permission

Signature of Parent / Guardian:.....

Camper's Signature:.....

OFFICE USE ONLY: Amount Paid:..... Date Received:.....

Reply Sent:..... Balance Due:..... Balance Received:.....