



Jerry Hoover  
D-One Basketball Camps  
209 North Illinois  
Monticello, IN 47960  
219-866-2531 • 800-407-3663

## 2007 Five Star Indiana Basketball Camp Application

Participant's Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Ht. \_\_\_\_ Wt. \_\_\_\_

Bunkmate/Roommate Preference \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work /Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Coach Name: \_\_\_\_\_ School: \_\_\_\_\_

Mens Shirt Size: S M L XL 2XL Check One: \_\_\_ Day Camp \_\_\_ Overnight Camp

### Check Desired Camp

#### Boys Camps

#### Girls Camps

\_\_\_ 1 June 12 - 15 - Spiece Fieldhouse, Fort Wayne, IN

\_\_\_ 4 June 12 - 15 - Spiece Fieldhouse, Fort Wayne, IN

\_\_\_ 2 July 31 - Aug 3 - Spiece Fieldhouse, Fort Wayne, IN

\_\_\_ 5 July 31 - Aug 3 - Spiece Fieldhouse, Fort Wayne, IN

\_\_\_\_\_ has my permission to participate in the D-One Five Star Camp. Enclosed is my camp deposit of \$50.00, which I understand is non-refundable. (Please make checks payable to D-One Camps.)

The law requires that parental permission be obtained for operative procedures on minors. I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son or daughter.

Signed \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

#### PLEASE MAIL FORM TO:

Jerry Hoover - Director of Five Star Basketball Camp  
D-One Camps  
209 North Illinois  
Monticello, IN 47960