



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

## 2007 High School Girl's Team 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

#### Girl's Camps

- \_\_\_ 1 June 15 - 18 - Spiece Fieldhouse, Fort Wayne, IN
- \_\_\_ 2 June 24 - 27 - Spiece Fieldhouse, Fort Wayne, IN
- \_\_\_ 3 July 12 - 14 - Spiece Fieldhouse, Fort Wayne, IN

\_\_\_\_\_ has my permission to participate in the D-One High School Girl's Team Camp. Enclosed is my camp deposit of \$25.00, 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.

Signed \_\_\_\_\_

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

#### PLEASE MAIL FORM TO:

Jerry Hoover  
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