

2019 Mules Basketball Camp Registration

CAMPER INFO

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DOB: _____ T-SHIRT SIZE: _____ GRADE (FALL): _____

INSURANCE INFO

COMPANY: _____

INS. PHONE: _____ GROUP/POLICY #: _____

POLICY HOLDER NAME: _____

EMERGENCY CONTACT

NAME: _____

PHONE: _____ ALT PHONE: _____

RELATIONSHIP TO CAMPER: _____

