

# Dick Baumgartner's Basketball Shooting Camp

## BOYS 2010 Camp Enrollment Application

Camper's Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ School: \_\_\_\_\_

Grade going into: \_\_\_\_ Coaches Name: \_\_\_\_\_

Did you attend last year: \_\_\_\_ Roommate Preference: \_\_\_\_\_

### CAMP DATES

Please check the session preferred:

\_\_\_\_ June 13-16

\_\_\_\_ June 20-23

\_\_\_\_ June 27-30

2nd Choice: \_\_\_\_\_  
 (if any)

### PARENT or GUARDIAN CONSENT

- Your deposit will be refunded if the camp is filled at the time we receive your application, otherwise the deposit is non-refundable. All cancellations must be in writing with no exceptions.
- I give the Dick Baumgartner Basketball Camp the right to videotape or photograph my child while at camp for publication in camp website.
- I hereby grant permission to the basketball camp to have my child treated by a physician, if necessary. My child is physically fit according to our family physician.

\_\_\_\_\_  
 (Parent or Guardian Signature)

 **CHECK OFF ALL AREAS OF THE APPLICATION THAT APPLY.**

### PAYING WITH MONEY ORDER OR CHECK (\$10 discount)

#### Discounted Prices

Full Payment for overnight camper **\$445**

Full Payment for day camper **\$385**  
(no lodging but all meals included)

Deposit for overnight camper **\$100**

Deposit for day camper **\$100**

**If sending in deposit**, the balance can be sent by mail **2 weeks before camp starts**

If you pay balance the day you enroll, it is by **MONEY ORDER**. Money Order is to be made payable to Dick Baumgartner.

### PAYING WITH CREDIT CARD

Full Payment for overnight camper **\$455**

Full Payment for day camper **\$395**  
(no lodging but all meals included)

Deposit for overnight camper **\$100**

Deposit for day camper **\$100**

**Method of Payment:** \_\_\_\_ Visa \_\_\_\_ Mastercard

Credit Card #: \_\_\_\_\_

Expiration Date: (mm/year) \_\_\_\_\_ CCV#: \_\_\_\_\_

Full Name on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**The balance owed must be paid 2 weeks before camp starts.**

**Please charge the remainder of my camp fee to my credit card 2 weeks before camp starts if I have not paid the balance by that date. Please check box.**

Send in your completed application to address listed or fax it to 765-966-5306.

**MAIL APPLICATION TO:**

Dick Baumgartner's  
 Basketball Shooting Camp  
 549 Meadowbrook Road  
 Richmond, Indiana 47374  
 Phone: (765) 939-2500  
 (765) 966-4994  
 Fax: (765) 966-5306

*\*Please enclose a stamped, self-addressed envelope for return confirmation.*

**Please return this entire form.**