



Central Massachusetts FUN-damental Basketball Camp



Session I June 28 – July 1, 2010
 Session II August 2 – August 5, 2010

Registration Form

Please note that all areas of this registration form are required

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Age: _____ Height: _____ Date of Birth: _____

Grade (as of 9-1-10): _____ Gender: Male / Female (circle one)

School: _____

Email: _____

Parent(s) Name(s): _____

T-Shirt Size: S M L XL (circle one)

Please make check payable to:

Assabet Valley RTHS

Mail Registration Form and check to:

Assabet Valley RTHS
c/o Coach Ferreer
215 Fitchburg Street
Marlborough, MA 01752

Medical Information:

A medical form for each camper must be completed by a family physician and should be mailed prior to or submitted at registration. NO CAMPER IS ELIGIBLE TO PARTICIPATE WITHOUT MEDICAL COVERAGE.

Tuition: \$160

A non-refundable deposit of \$60 is due with your application. The balance is payable by Friday, June 18, 2010

Questions?

Contact: Coach Ferreer at 508.485.9430 x1307 or email fferreer@assabet.org