

Hoops Summer Basketball Camp

Booking Form

Name:.....

Date of Birth:.....

Home Address:.....

Tel. No for Emergency Contact:.....

E mail Address:.....

School and School Year:.....

Parental Consent

I give my consent for Hoops Staff to seek emergency medical attention for the above applicant.

I also consent to photographs of my child taken at the camp to be used for publicity purposes in local media.

Signed..... Print Name.....

Please return to Martin or Chris at the Hoops Office with your payment of £25 per player. Cheques made payable to "Eurohoops Basketball".

In the event that the camp is cancelled, all monies paid will be refunded.

Thanks.