



Hoop Heaven Summer Camp Application Form

Please print:

Camper

First Name: _____ Last Name: _____

Parents/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birthdate: _____ Male: ___ Female: ___

Weight: _____ Height: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Position (very important-check all that apply)

Point guard Shooting guard Small forward

Center Power forward

T shirt Size (Adult)

S ___ M ___ L ___ XL ___ XXL ___ other: _____

In emergency please call:

Name of relative or friend, other than parent or guardian:

Phone Number(s): _____

Dates:

Session 1 ~ July 1-6 (boys) Session 4 ~ July 29 - August 3 (boys)

Session 2 ~ July 8-13 (boys) Session 5 ~ August 5 -10 (boys)

Session 3 ~ July 22-27 (girls week) Session 6 ~ August 11-18 (boys)

Fee: \$299 per week - \$50 non-refundable deposit (per session) due with this application.

Bus transportation available round trip \$35 from 205th Street in Manhattan.

\$249 balance, plus health form and bus fee due by no later than June 1, 2007.

Payment: Check or money order (made out to: CitiVision, Inc. - HH in memo)

Send to CitiVision, Inc. 126 Carney Road Ulster Park, NY 12487

Amount enclosed: \$ _____