TRIBUNES BASKETBALL CAMP APPLICATION* (Please Print)

Name
Street Address
City State Zip
Phone ()
Date of BirthAge
SexHeightWeight
Name of Parent or Guardian
Emergency Phone ()
Contact name
Email Address
I will attend the Tribune Basketball Camp the week of:

July 30-August 3 August 6–10 Ages 7-14 Ages 7-14

NOTE: Please advise of special health conditions (attach separate sheet.)

Applicant is in good health: PARENT/GUARDIAN CONSENT

I certify that my child is in good health, and may participate in all camp activities. I acknowledge that I have appropriate medical coverage. In case of emergency, I grant permission for my child to be given emergency treatment at a local hospital.

Parent or Guardian (Please print)

Signature of Parent or Guardian

Yes, I would like a picture with my coach, or

□ Yes, I would like a team picture.

\$7.00 for 8¹/₂ x 11

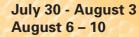
Make checks for picture payable to Jerry Burns

* The Camp is not responsible for lost or stolen articles.



Athletic Department 1000 E. Henrietta Road Rochester, NY 14623-5780





Boys

Ages 7-14 Ages 7-14

Camp