



QUESTIONS?

Call 304-400-4703 OR EMAIL: GregWhiteBasketball@gmail.com

Camp Application: Check the session(s) you wish to attend

Upon receipt of your application, we will send you an confirmation email with and a list of the things you will need for your week of camp.

- | | | |
|-------------------------------------------------------------------------------------------|-------------------|--------------------------------------|
| <input type="checkbox"/> Session I - Charleston Camp: Little Wizards (Ages 5-10) | June 8-12 | Full Tuition \$185 per person |
| <input type="checkbox"/> Session II - Charleston Camp: Advanced Skills (Ages 8-16) | June 15-18 | Full Tuition \$185 per person |
| <input type="checkbox"/> Session III - Huntington (YMCA): Little Wizards (5-14) | June 22-25 | Full Tuition \$185 per person |

Name: _____ School grade in fall: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Parent's Phone: (____)____ - _____ Emergency Name: _____ Emergency Phone (____)____ - _____

Parent's Email: _____

I hereby desire that my child (or additional children added), who is under eighteen years of age, participate in the basketball camp offered by Greg White and by the execution of this release, I acknowledge and agree that all the requirements, directions, supervisions and standards set by the directors of this program, hereby intending to release Greg White and the personnel associated with the camp from liability that may result from his/her participation. Furthermore, if I cannot be reached, I give Greg White's staff permission to act accordingly to their best judgement in any emergency situation.

Signature of parent or guardian _____ Date: _____

Please return a copy of your insurance card with application. Make check or money order payable to: Greg White Basketball Camp

Send application to: Greg White, P.O. Box 3883, Charleston, WV 25338