

**Registration
2008 Springfield Basketball Camp
with Charlie Brock**

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (day) _____ (evening) _____

E-mail _____

DOB _____

T SHIRT: (*circle one*) YS YM YL AS AM AL AXL

Please check one:

\$239.00

\$199.00 Sibling Discount

Name of Sibling _____

Payment Method (*payment in full is requested when registering.*)

Check # _____ made payable to: "Springfield College", enclosed.

Charge the credit card indicated below:

Visa MasterCard

Discover American Express

Card number _____

Expiration date _____

Print name as it appears on card:

Signature of cardholder

Address of cardholder if different from above
