

**Registration
2009 Springfield Basketball Camp**

Name _____
Address _____
City _____ State _____ Zip _____

Telephone (day) _____
(evening) _____
E-mail _____ DOB _____ T SHIRT: YS YM YL AS
(circle one) AM AL AXL

Please check one:
\$249.00
\$209.00 Group Discount (5+ registrations)
\$209.00 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:
Vis a M asterCard
D iscover A merican Express

Card number _____

Expiration date _____

Print name as it appears on card:

Signature of cardholder

Address of cardholder if different from above
