

Players are required to arrive 30 minutes before scheduled start time Camp times: Sunday 30th October from 1pm to 5pm

lame:		Circle year of	birth: 2007	2006
/ear at school: Sc	hool attending:			
Basketball team playing in:				
Street Address:				
Suburb & Postcode:				
Mobile:	Home /	Work:		
mail:				
Emergency Contact: (Medical o	conditions, asthma etc.)			
ny consent for any necessary medical treatm mages taken at the camp may be used for pr Parent/Guardian's name (please pr	romotional use. Tunderstand tha	•		- ·
Signature:		Date:		
Payment enclosed by (please tick)	Credit Card	Cheque	Money Order	
Type of Credit Card (please tick)	Mastercard	Visa		
Cardholder's Name:				
Card Number:				
Card Expiry: Month	Year	Amount paid:	\$65.00	
All players	will receive a 3on3	Team Singlet	to keep.	

Required on Day: your water bottle and your basketball (singlet given on day of camp).

To enroll, send this completed form together with payment (credit card details or cheque/money order) to:

Hornsby Ku-Ring-Gai Basketball Association, Postal: PO Box 397, Hornsby NSW 1630

This singlet is to be worn during the camp when participating in skills and games.

Cashier hours are 5.00pm to 8.30pm weeknights at the Brickpit, 1A Dartford Road, Thornleigh Phone 9980 6255 Facsimile 9980 6277 Email: info@hornsbyspiders.com.au Web: www.hornsbyspiders.com.au