

CAMP APPLICATION - PLEASE CHECK WHICH EVENT(S) YOU WILL BE ATTENDING:

- SESSION I** New Orleans, LA
 SESSION II Spartanburg, SC
 SESSION III Babson Park, FL

- SESSION IV** Schenectady, NY
 SESSION V Charlotte, NC
 SESSION VI Waco, TX

- SESSION VII** Bridgeport, CT
 SESSION VIII Chattanooga, TN
 SESSION IX Teaneck, NJ

- SESSION X** Springfield, MA
 SESSION XI Blacksburg, VA
 SESSION XII Shippensburg, PA

Academic Elite Clinics

- SESSION I** Greensboro, NC
 SESSION II Boston, MA

CAMPER'S NAME: _____ EMAIL: _____

STREET: _____ APT. #: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CAMPER'S CELL PHONE: _____

SCHOOL: _____ SCHOOL CITY: _____ STATE: _____ ZIP: _____

GRADE (AS OF 9/2010): _____ HS GRADUATION YEAR: _____ HEIGHT: _____ POSITION: _____

HIGH SCHOOL COACH: _____ COACH'S PHONE: _____

AAU TEAM: _____ AAU COACH: _____ AAU COACH'S PHONE: _____

ROOMMATE REQUEST: _____

HEALTH INSURANCE COMPANY: _____ GROUP #: _____ POLICY #: _____

A \$260.00 per week, non-refundable deposit (example: 2 week camper = \$520.00 deposit) must accompany this application and the balance of the camp fee is to be paid on or before the first day of camp. All payments are considered deposits and are non-refundable. I hereby authorize the staff of Prep All-Stars to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the staff from any and all liability for injuries or illness incurred while at the event. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the event, as outlined. I have read and understand the terms and conditions outlined in the application.

PARENT / GUARDIAN Signature: _____

OFFICE USE ONLY AMOUNT PAID: _____ BALANCE: _____ DATE RECEIVED: _____