

# THE MCCRACKEN BASKETBALL CAMP APPLICATION

 Boys Camp

 Girls Camp

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade (fall '08): \_\_\_\_\_ School &amp; Coach: \_\_\_\_\_

Roommate preference: \_\_\_\_\_

**SESSION SELECTION:** Please include Date, Location and Program Type.

SESSION	DATE	LOCATION	PROGRAM TYPE
#1			
#2			
#3			

Only complete above for sessions you wish to attend. If your chosen session is full, we will contact you about attending another camp, or returning your deposit.

**TYPE OF CAMPER** (check one):

- Resident Camper (includes supervised lodging and all meals)
- Extended Day Camper (9:00 a.m. to 10:15 p.m. — includes lunch and dinner)

**CAMP FEES:**

- **Complete Skills Camp, Gold Camp, and Junior Gold Camp programs**  
Resident Camper: \$395.00 / Extended Day Camper: \$295.00
- **Shooting Camp and Post/Perimeter Camp programs**  
Resident Camper: \$335.00 / Extended Day Camper: \$235.00
- **Day Camp: \$165.00**



**PAYMENT INFORMATION:**

Make checks payable to: **McCracken Camps, LLC.**

Mail form/check to: **The McCracken Basketball Camp, 502 Timberlake Trail, Fort Wayne, IN 46804**

CHARGE FULL TUITION TO YOUR CREDIT CARD

- MasterCard
- Visa

Cardholder's Name (Print) \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

- Please add \$40.00 for Refund Protection to my camp deposit/tuition.
- Please charge the remainder of my camp fee to my credit card on May 14, 2008.

By submitting this application I affirm that I have read and agree to the cancellation policy and hereby accept the terms of enrollment described in this brochure.

PARENT OR GUARDIAN SIGNATURE X \_\_\_\_\_

For more application blanks - Make copies of original, or contact the camp office.