

TEAM CAMP PLAYER APPLICATION

Camper Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Parents Name: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Work Phone: (_____) _____

Email: _____

Age by June 1, 2016: _____

DOB: ____/____/____

Grade in Fall 2016: _____

School: _____

School Coach: _____

AAU Coach: _____

AAU Team: _____

Overnight Participants

Roommate Choice: _____

Select T-Shirt Size

Youth Size: S M L

Adult Size: S M L XL

Contact Us Today!

252.493.6634

heathermacybasketball@gmail.com

HeatherMacyAllAccess.com

HEATHER MACY
BASKETBALL CAMPS 2016

Select Camp Attending

Mini Camp – 1 Day
(June 24, 25 or 26)

\$20 Per Camper

June 24

June 25

June 26

JV & Varsity Overnight Camp
(June 24-26)

\$225 Per Player

\$50 Deposit

\$225 Full Payment

All Payments are Non-Refundable

Balance can be paid day of registration with cash, check or money order. You may also register and pay online at HeatherMacyAllAccess.com Additional medical forms must be submitted with each application. Forms can also be obtained online.

Make Check Payable To:
Heather Macy
PO Box 1892
Winterville, NC 28590