

## Women's Basketball Team Camp **Camper Application** Team Camp June 27th-29th, July 16th-18th, 2018

Name				
Address				
City		_ State Zip		
Email Addre	SS			<u> </u>
Parent or Gu	ardian			
Parent/Guard	lian Cell () _			
Emergency of	contact ( )			-
Team		Cir	cle: Varsity	or J.V.
High School	Coach			
Grade in Sep	otember 2018			
Camp Date	Overnight w/meals	Commuter w/ Meals	Commuter NO	O Meals
June 27-29	<b>\$190</b>	<b>\$140</b>	\$90	(Circle One)
July 16-18	<b>\$190</b>	\$140	\$90	(Circle One)
*Please mak	e sure you fill out a	concussion form a	and medical fo	orm as well!
U.S. Funds On	ıly			

Please make check payable to: Grand Valley State University

To pay by credit card, please call Rhonda LeMieux at (616)331-2330 or register online at http://www.grandvalleystatewbbcamps.com/

## **Refund Policy**

A \$50.00 administrative fee will be deducted from all refunds regardless of the reason. No refunds for any reason (i.e., injury, illness) will be given once a camper is on campus.

Medical Form must be returned with registration form

Return to: **Grand Valley State University** 

Attn: Women's Basketball Team Camps 163 Fieldhouse Allendale, MI 49401 Fax: (616) 331-3232