



2004 APPLICATION

Make check payable and mail to:
Dana Barros Basketball Camp, LLC
P.O. Box 68 Stoughton, MA 02072
1-781-344-6048
Stephanie Mondesire, Camp Director
Or register on-line at danabarros.com

Sessions: (please circle desired session)			Pricing
<input type="checkbox"/>	Session One: Day Camp:	April 19 – 23, 2004 – Basketball City, Boston, MA (www.basketballcity.com)	\$275
<input type="checkbox"/>	Session Two: Day Camp:	July 12 – 16, 2004 – Basketball City, Boston, MA Registrations for Basketball City <u>require a separate check payable to "Basketball City"</u>, credit cards are acceptable.	\$275
<input type="checkbox"/>	Session Three: Day Camp:	July 26 – 30, 2004 – Milton Academy, Milton, MA	\$350
<input type="checkbox"/>	Session Four: Day Camp:	August 2 – August 6, 2004 – U-Mass, Boston, MA	\$325
<input type="checkbox"/>	Session Five: Day Camp:	August 9 - August 13, 2004 U-Mass, Boston, MA	\$325
<input type="checkbox"/>	Session Six: Commuter only:	August 16 - August 20, 2004 – Milton Academy, Milton, MA (NEW) Commuter program allows you to commute to our overnight camp. Schedule for commuter campers is 9:00 AM to 8:00 PM. Lunch and dinner is included. Commuter camp is limit to 50 campers	\$500
<input type="checkbox"/>	Session Seven: Overnight:	August 16 - August 20, 2004 – Milton Academy, Milton, MA Overnight session is limited to 100 campers (register early)	\$600

(Non-refundable \$200 deposit, per camper, *per week* due with application for Day Campers)

\$_____ Deposit

(All Day Camps - ages: 8-18 years)

(Non-refundable \$300 deposit, per camper, due with application for Commuter and Overnight Campers)

\$_____ Full Payment

(Overnight ages: 11-18)

Credit Card Type & # (M/C & Visa only): _____ - _____ - _____ - _____

Exp. Date: _____

Balances are due no later than one week prior to camp session

\$25 discount applies to: repeat camper, after 1st year, siblings, after the 1st camper multiple sessions, applies after 1st session) Early Bird Special (2/1 – 4/15) per applicant (**\$50 maximum discount**) – **Absolutely no discounts for Basketball City**

Camper's Name: _____

- Male
- Female

Parent's Name: _____

Mailing Address: _____ Apt: _____

Town: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Emergency Phone: _____ E-mail: _____

Birth Date: _____ Height: _____ Weight: _____ Jersey Size: _____ Youth / sm,m,l,xl
Adult / sm,m,l,,xl, 2xl, 3xl

How did you hear about our camp? Repeat Referral (who?) _____

Internet (which site) _____ Newspaper (which paper) _____

Camper Information:

Years Played: _____ Highest Level Played: _____ Shoots: Left Right

Skill(s) you want to improve: Shooting Passing Rebounding Defense Ball Handling

- A copy of our handbook with camp policies and procedures will be mailed with your confirmation.
- Applications **not** complete until all medical requirements met (see medical release on reverse side).
- This camp must comply with the regulations of the Massachusetts Department of Public Health and is licensed by the Boston and Milton Boards of Health. In accordance with the Boards of Health, our staff to camper ratio is **1 staff member per 10 campers**.