



Camp
Form

Camp Dates: July 8th-10th
Ages: 8-14 Boys and Girls
Price :\$65 per child
Location: Clarksville Christian School

Camper Name: _____

Age:____ Grade:____ Gender:_____ Position:_____ Grade:____

Address:_____ State:_____ Zip Code_____

Email:_____ School_____

Emergency Contact:_____

Emergency Contact#_____

Shirt size:

***Camper is to wear basketball shoes/attire to participate in camp.**

***Camper form, waiver, insurance and payment must be completed prior to participation in camp.**

***Forms can be turned in in person or online(Each page photographed or pdf file sent) at hybridhoopsllc@gmail.com.**

***Free camp shirt will be applied if camp form is completed by June 27th**

***Payments can be made to zelle hybridhoopsllc@gmail.com & cash app is HybridHoopsLLC or in cash at the door.**

***All campers are to be picked up promptly upon the conclusion of each day.**

***No refunds.**

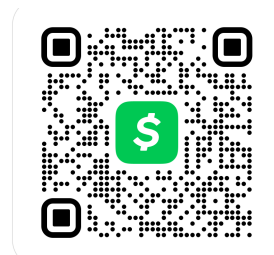
I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly):_____

Parent/Guardian Printed Name (Please print legibly):_____

Parent/Guardian's Signature(if under 18 years of age)_____

Date:_____



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