

# 2010 BASKETBALL CAMP REGISTRATION FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_

T-Shirt Yes \_\_\_ No \_\_\_ (Please check one) If yes what size (Please check one)

- Youth Xtra Small (2-4)  Youth Small (6-8)  Youth Med (10-12)  
 Youth LG (14-16)  Adult Small  Adult Med  Adult LG  Adult XLG

Send this form back to:  
Dave & Vicky Halker  
21457 Road 15U  
Columbus Grove, OH 45830

- Please Check for ages 7-12- ----AM Camp   
Please Check for ages 13-18 ----PM Camp

**Please make checks payable to: Ohio H.E.A.T.**

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