

# ***SHORE GIRLS BASKETBALL CAMP***

**Sponsored by: Spring Lake Recreation**

**DATES: Monday, August 9th - Friday, August 13th, 2010**

**HOURS: 9:00 a.m-12:00 p.m**

**LOCATION: H.W. Mountz School**

**AGES: Girls entering grades 4 through 8 (Sept 2010).**

**COST: \$125.00 per camper.**

**STAFF: Tim Sabins and Ann Marie Callahan**

**QUESTIONS? Call Ann Marie Callahan (732)449-7129 after  
3:30 p.m.**

***Enrollment is limited. Please register early. The camp will close  
out.***

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**PLEASE MAKE CHECKS PAYABLE TO: SPRING LAKE RECREATION**

**SEND FORM AND PAYMENT TO: 4 Nadine Drive, Spring Lake Heights, N.J. 07762**

**NAME: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**

**CITY,STATE,ZIP \_\_\_\_\_**

**HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_**

**EMERGENCY CONTACT: \_\_\_\_\_**

**AGE: \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_**

**SCHOOL: \_\_\_\_\_ GRADE (SEPT. 2010) \_\_\_\_\_**

**\*\*\*CAMP SHORTS WILL BE DISTRIBUTED AT THE END OF THE WEEK.  
SAMPLE SHORTS WILL BE AVAILABLE FOR SIZING ON THE FIRST DAY  
OF CAMP.**

**\*\*\*YOUR CANCELLED CHECK IS YOUR RECEIPT.**

**I, the undersigned certify that I am the parent or legal guardian of the camper. I give my permission to the camp staff to seek appropriate medical attention for the camper in the event of accident, illness or injury. I hereby release Spring Lake Recreation, all camp employees, and school district from any and all liability while at the camp.**

**PARENT SIGNATURE: \_\_\_\_\_**