## Jim Harrick Basketball Camp Registration Form June 5-7, 2017

Camp	er's Name	(Please Pri	nt)				
Age Date of E					irth		
Paren	nt/Guardia	n Name					
Addre	ess						
City ( Cell P	_) hone	·	(	tate ) me Phone	<u>-</u>	Zip	
Email							
School Attending in the Fall					Grade Entering Next Fall		
Emergency Contact					Phone #		
(made http:/	e payable //paypal.m	to <b>"Merced</b> ne/MercedT	Tradition radition	<b>on"</b> ), or cr	edit car	pe paid by cash, check d at	
Regist	tration for	m and paym	nent can	be sent t	io:		
	Attenti 205 W	d High Schoo on: Coach H Olive Ave, d, CA 95348		ava/Men'	s Basket	ball Head Coach	
All Ca	•	l receive a c	amp T-sl	hirt			
XS	S	M	L	XL	XXL		
Merce		ONS d Coach, Co IS Head Coa				nava@muhsd.org	

Info@MercedBraces.com



Rowan Orthodontics,