



"CAGER CAMP" 2009

<http://goshenbasketball.org>

LOCATION: Goshen High School Gymnasiums

GRADES: 2nd - 8th Grade (**BOYS** Entering in fall 2009)

DATE: June 1-5

TIME:

2 nd and 3 rd Grade	10:30 a.m. – 12:00 p.m.
4 th and 5 th Grade	12:30 p.m. - 2:30 p.m.
6 th , 7 th , 8 th Grade	2:30 p.m. - 4:30 p.m.

WHAT YOU WILL RECEIVE:

1. Fundamental instruction from Coaches and High School Players.
2. Competitive Games.
3. Trophies, ribbons, awards, etc.
4. Camp T-Shirt.
5. Red and White Camp Balls will be given away on Awards Day.

COST: \$35.00 (\$30.00/person if two from the same family, please send one check with two entry forms)
 (\$15.00/person if on Free/Reduced lunches)

-----**Registration and Consent Form**-----

Check here if on free/reduced lunch program (\$15.00)

(Please submit the following entry form by- - May 22, 2009 to ensure accurate t-shirt order. Make checks payable to Goshen Basketball and send to Goshen High School - Coach Bechtel – 401 Lincolnway East - Goshen, IN 46526 or drop off at the high school athletic office.)

NAME _____ **GRADE NEXT FALL** _____

ADDRESS _____ **ZIP CODE** _____

ELEMENTARY SCHOOL _____ **PHONE #** _____

SHIRT SIZE(circle one) (Youth) M (10-12) L (14-16)
 (Adult) S M L XL XXL

I hereby give permission for my son to take part in the Goshen Summer Basketball Camp. I will not hold the sponsor of the program nor the Goshen Community School Corporation liable for any injury that may occur, and I have adequate insurance to cover any such injury. I also give the program coordinators permission to place my son's picture on the Goshen Basketball Website.

Signature of Parent/Guardian _____ **Date** _____