

# 2011 Ben Howland Basketball Camp

## FAX

To: Doug Erickson

Fax #: (310) 206-3440

From:

Date:

Re: 2011 Camp Registration

Pages:

Urgent

For Review

Please Comment

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Please Recycle

### Registration Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Mother \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Father \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Grade in School (Fall'11) \_\_\_\_\_

### Payment Information

CHECK – Payable to Ben Howland Inc (\$375)  
(include camper's name on check. There is a \$25 fee for all returned checks)

CREDIT CARD – Payment must be in full (\$375)  
 M/C  VISA  AMEX

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### Emergency Information

Emergency Contact (other than parent)

Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Current Medication \_\_\_\_\_

Allergies \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

I give BCH Camps' Medical staff permission to give my child  
Tylenol or Ibuprofen, if needed

Signature \_\_\_\_\_