



# Lone Star Hoops Registration Form

**Now accepting registration for the Summer 2011 camps!**

Please print out, fill out and mail in this registration form. You will need to send a minimum **\$50** non-refundable deposit, **FOR EACH CAMP**, to Lone Star Hoops with this form. Please address checks to "Lone Star Hoops LLC" and send with registration to:

Lone Star Hoops LLC.  
907 East Park Street  
Cedar Park, TX 78613

If you like, you can send the full fee amount for the camp that you have selected at this time (if not, the full amount will be due the first morning of the camp). Please contact Jan Jernberg at (512) 528-9705 with any questions.

**Camper Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **Dr. Phone #:** \_\_\_\_\_

**Attended School:** \_\_\_\_\_ **Grade Entered:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Shirt Size:** CL AS AM AL AXL  
(circle your adult size selection)

## **NOW ACCEPTING CREDIT CARDS:**

Please note: We accept Visa, Mastercard and Discover (No American Express at this time)

Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Security Code (3 digits- back of card) \_\_\_\_\_

Email Address: \_\_\_\_\_

Total Amount (must be paid in full) \_\_\_\_\_

(check all camps that apply)

Camp Location:

- Cedar Park Recreation Center I (June 6-9)
- Westwood HS (June 20-23)
- Howe HS (June 27-30)
- Fredericksburg HS (June 27-30)
- Campbell HS (June 27-30)
- Concordia University I (July 11-14)
- Cedar Park Recreation Center II (July 11-14)
- Concordia University II (July 18-21)
- Regent's School of Austin (July 18-21)

In accordance with Lone Star Hoops LLC policy. I give my consent for the above named camper to participate in all LSH activities. I also consent to LSH securing medical attention/transportation deemed necessary in an emergency. I will not hold Lone Star Hoops LLC responsible for injury or liability and will secure adequate personal insurance for LSC duration.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_