



# Lone Star Hoops Registration Form

**Now accepting registration for the Summer 2012 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 Entering:** \_\_\_\_\_

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

**How did you hear about us?** \_\_\_\_\_

## NOW ACCEPTING CREDIT CARDS:

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

There will be a \$5 administrative transaction fee included in all credit card transactions.

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

Card #: \_\_\_\_\_ Expiration Date: (mo/year) \_\_\_\_\_

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

Total Amount (must be paid in full) \$ \_\_\_\_\_ Email Address: \_\_\_\_\_

(check all camps that apply)

Camp Location:

- Cedar Park Recreation Center I (June 4-7)
- St. Dominic Savio (June 18-21)
- Concordia University I (June 18-21)
- Howe HS (June 25-28)
- Fredericksburg HS (June 25-28)
- Rains HS (June 25-28)
- Cedar Park Recreation Center II (July 9-12)
- Hyde Park Baptist HS (July 9-12)
- Gorzycki MS (July 16-19)
- Concordia University II (July 23-26)

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