

Summer Basketball Camp 2008 Registration Form

Camper's Name: _____ Sex: _____

Address: _____

Date of Birth: _____ Phone() _____

Parent's/Guardian Name: _____

Payment enclosed: (\$175. Per camper)

Full payment must be received no later than July 15th. Please make check payable to Academy of the New Church. Additional information concerning the camp will be mailed out in June to all those who have registered.

Thank You for your interest in the 2008 Summer Basketball Camp.

Return this form to:

Andrew Sullivan

Summer Basketball Camp

ANC

P.O. Box 708

Bryn Athyn, PA 19009

We look forward to seeing you on July 21st.