

2009 ARROWOOD CAMP APPLICATION

Name _____ Age _____ Birthday _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____ Current Grade _____

Parent's Name _____ School _____

Parent E-mail Address _____

Roommate Preference _____

Session: \$375.00 June 20-24 T-shirt L (youth) S M L (adult sizes)

Please send my confirmation materials via e-mail. **OR** Please send my confirmation materials via mail.

How (tournament, mail, online, etc.) did you get this brochure? _____

I hereby authorize the staff of Arrowood Basketball Camp, St. John's Lutheran Church, and Chi-Rho Center to secure any medical treatment deemed necessary and waive and release Arrowood Basketball Camp, Jenny Johnson, Dee Dee Deeken, St. John's Lutheran Church, Chi-Rho Center, and the employees of Arrowood and St. John's from any and all liabilities for any injuries or illness incurred while at Arrowood Basketball Camp.

Parent's Signature _____

PLEASE MAIL THIS ALONG WITH YOUR
NON-REFUNDABLE DEPOSIT OF \$200 TO:

Arrowood Basketball Camp
P.O. Box 44632
Eden Prairie, MN 55344



Please deduct \$25.00
from my remaining
balance as I am registering
before April 1, 2009.

FOR OFFICE USE ONLY

Amount paid \$ _____
Balance due \$ _____