CREIGHTON WOMEN'S BASKETBALL 2018 TEAM CAMP REGISTRATION FORM

HIGH SCHOOL TEAMS: JUNE 23-24

SCHOOL:		
PREFERRED MAILING ADDRESS (Please ci	rcle which address is listed below	w): HOME SCHOOL
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
COACH'S CELL:	COACH'S EMAIL:	
# OF TEAMS:		
I WOULD PREFER TO PLAY IN (Please sele	ect ONE for each team):	
(1) Top Division Varsity	(2) 2 nd Division Varsity	(3) JV/ Sophomore Team
SPECIAL REQUESTS:		
(Please indicate if you have any scheduli	ng needs here.)	
	ay night in the residence halls and n . Friday night housing is available fo	Commuter Option (\$650 / team) neals throughout camp for each player plus one or \$30 per person extra. Commuter teams are

\$_____Enclosed (Minimum of \$200 deposit required for each team: 2 teams = \$400)

Make checks payable to: Creighton Women's Basketball Camps

Mail Form and Payment to: Creighton Women's Basketball Camps 2500 California Plaza Omaha, NE 68178

DORM AND COURT SPACE IS LIMITED, SO PLEASE REGISTER YOUR TEAM EARLY.

Please note: Every camper must fill out an Individual Camper Consent Form prior to participating in camp.

For more information on Creighton Women's Basketball Camps visit www.creightonwomensbasketballcamps.com or contact Jenny Vickers at 402-660-5839 or jburns@creighton.edu.

