

SLAMMA-JAMMA BASKETBALL CAMP



Location(s): _____

Week(s) (Dates): _____

Amount enclosed: _____

FOR MORE INFORMATION, CONTACT:

Al Carfora 203-627-8399, coachajc32@aol.com

FREE SHIRT!

Detach

Sign up at www.slamma-jamma.net or

Please complete, sign, and mail with check payable to "Carfora Slamma-Jamma" to:

Carfora Slamma Jamma
21 Damen Dr.
East Haven, CT 06512

Camper Information (PLEASE PRINT)

Name _____

Date of Birth _____ Age _____

Address _____

Grade entering this September _____

City _____

Full Day _____ Half Day _____

State _____ Zip _____

Gender: Boy _____ Girl _____

Allergies/Health Concerns _____

Parent/Guardian Information (PLEASE PRINT CLEARLY; EMAIL USED TO SEND CONFIRMATION)

Name _____

Insurance Co. _____

Address _____

Policy # _____

City _____

Home Phone _____

State _____ Zip _____

Work Phone _____

Email _____

Cell Phone _____

Emergency Contact _____

Contact Phone _____

The above named youth is physically fit to participate in the Slamma-Jamma Basketball Camp. I authorize the Directors of the Slamma-Jamma Basketball Camp to act for me according to their best judgment in an emergency requiring medical attention other than that maintained by the camp for which services I shall pay.

Signature of Parent / Guardian _____ **Date** _____