

## 2019 BASKETBALL CAMP APPLICATION

A \$50.00 deposit per camper is required to reserve your team's space. Coaches may add or delete players from their roster up until *two weeks prior to camp, when the remaining balance is due*. Checks must be mailed in by the coach. Individual campers' checks will not be accepted. Please make checks payable to AFBE, Inc. Deposits are non-refundable, but transferable.

Please fill out the application (both sides) and mail along with your deposit to:

AFBE, Inc.
PO Box 204
Kutztown, PA 19530-0204

For additional information regarding team camps, please contact **Jeff Jones** by telephone at (610) 442-1473 or e-mail questions to jjones@afbe.org.

## PLEASE FILL IN COMPLETELY AND PRINT INFORMATION CLEARLY

School Name:		Coaches Name					
SCHOOL ADDRESS:				Home Address			
	Control		7	Сіту	State_	Zip	
Сіту	STATE_	4	Zip	CELL PHONE			
TELEPHONE:				E-mail Address			
FAX							
	Plea	Girls T	eam Camps	M(S) IN THE FOLLOWING			
	Ц	-	11-14, 2019 at Kutztown University of PA				
			<mark>eam Camp</mark> -18, 2019 at I	t Kutztown University of PA			
	PLEAS		rer my team( Upper Vars Lower Vars Junior Vars	ity	oivision(s):		

All players for both camps will be staying in air-conditioned rooms.

The team camp schedule is made 2 weeks prior to all camps. AFBE, Inc. will not switch teams from one division to another once schedules are made.

## PLEASE LIST PLAYER'S NAMES AND THE AMOUNT OF THEIR DEPOSIT BELOW:

Name:		\$
Name:		\$
Number of Additional Coach  Names of Additional Coach		
TOTAL NUMBER OF TEAMS		
TOTAL NUMBER OF COACHES	S (including head coach)	
TOTAL NUMBER OF PLAYERS		
	TOTAL AMOUNT DUE (players & additional coaches fees)	\$
	TOTAL AMOUNT ENCLOSED	\$



BALANCE DUE