



**Women's Basketball  
High School Team Camp  
June 16-17, 2010**

**Camp Info:**

Each team will be guaranteed a minimum of 6 games (3 games per day) to compete against a high level of competition, showcase their skills, and improve their game. **Games will be officiated by certified officials.** Brackets will be decided based upon level and classification of team as best as possible.

**Teams:**

Varsity and JV teams from all classifications

**Location:**

Massari Arena on the campus of CSU-Pueblo

**Cost:**

\$375.00 per team

**Registration Deadline:**

June 1, 2010

**\*\* Coaches please mail completed registration packet (one form for each team member) with registration fee to:**

**Colorado State University – Pueblo  
Women's Basketball  
2200 Bonforte Blvd.  
Pueblo, CO 81001**

**\*\* If you desire dorm space to stay please contact Coach Haywood  
at 719-549-2572 to make arrangements.\*\***

**\*\*Dorm cost is additional \$25.00/night per person and does not include meals\*\***



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**2010 Camp Registration Form**

**\*\* Each member of the team must complete a registration form\*\***

**Camper Information**

Name: \_\_\_\_\_ Shirt Size: Adult   S   M   L   XL  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Age: \_\_\_\_\_ Fall '10 Grade: \_\_\_\_\_

**Team Information:**

School: \_\_\_\_\_ Team: Freshman   JV   Varsity  
Coach: \_\_\_\_\_ Phone: \_\_\_\_\_  
Classification: \_\_\_\_\_ Last Year's Team Record: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

**Medical Information**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Last Physical: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_

**Parent's Release for Medical Treatment**

I approve of my child's attendance at the CSU-Pueblo Thunderwolf Women's Basketball Camp and certify that she is in good health and able to participate in all camp related activities. I hereby authorize the director(s) of this camp to act for me according to their best judgment in any emergency requiring medical attention, including treatment by a medical professional.

\_\_\_\_\_  
Parent/Guardian Signature Required

\_\_\_\_\_  
Date