

# Dayton Women's Basketball Camp

TEAM CAMP:  JUNE 6 OR  JUNE 7, 2019

PLEASE RETURN FORM BY JUNE 1, 2019

High School Name:	Head Coach:	T-Shirt Size:
Team Name:	Head Coach Email:	
Address:	Head Coach Cell:	
City, State, Zip:	Asst. Coach:	T-Shirt Size:

## PLEASE CHOOSE THE LEAGUE YOU WOULD LIKE TO PLAY IN THIS SUMMER

VARSITY	JUNIOR VARSITY LEAGUE ( CHOOSE FROM BOTH )		JR. HIGH / MIDDLE SCHOOL (Rising 6th, 7th, & 8th Grades)
<input type="checkbox"/> A – BEST			<b>Comments:</b>
<input type="checkbox"/> B – VERY GOOD	If 3 leagues are available	If 2 leagues are available	
<input type="checkbox"/> C – GOOD	<input type="checkbox"/> E – STRONG	<input type="checkbox"/> UPPER	
<input type="checkbox"/> D – REBUILDING	<input type="checkbox"/> F – AVERAGE	<input type="checkbox"/> LOWER	
	<input type="checkbox"/> G – WEAK		

Participant Name (Please Print Clearly)	Player #	Age at the time of Camp	Grade Entering Fall 2019	T-Shirt Size	For Camp Administration ONLY		
					Liability Waiver	Medical Form	Camp App
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
\$10 per additional player							
11							
12							
13							
14							
15							