



# Bill Curley Basketball Clinic Application

(Please print information below.)

**Camper's Name** \_\_\_\_\_  
(last) (first)

**Address** \_\_\_\_\_  
(street)  
\_\_\_\_\_  
(town) (state) (zip)

**Parent/Guardian** \_\_\_\_\_  
(last) (first)

**Phone Number** \_\_\_\_\_  
(home)

**Email Address** \_\_\_\_\_

**T-Shirt Size:** S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_

**Age:** \_\_\_\_\_ **Grade going into:** \_\_\_\_\_ **Sex:** M / F **Height:** \_\_\_\_\_ ' \_\_\_\_\_ "

**Sessions Attending:**

Plymouth South Middle School \_\_\_\_\_ Duxbury Campus \_\_\_\_\_

**Would you like to be included in a car pool list sent to others interested in participating?**

Yes \_\_\_\_ No \_\_\_\_

**Please Sign and return with a deposit of \$50.00.**