

2014 D-One Shooting College Application Form

NAME: _____ E-MAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

HOME ADDRESS: _____
(Street) (City) (State) (Zip Code)

HEIGHT: _____ Weight: _____ Shooting Hand: _____ Age: _____ M or F (circle)

UPCOMING GRADE: _____ SCHOOL: _____ COACH: _____

Session	Date	Location	City	Camp Length	Cost
___ 1	July 1 (Tue)-July 3 (Thur)	Sport Zone	Indianapolis, IN	3 Day	\$200 – Day Only
___ 2	July 21 (Mon)- 23 (Wed)	Connection Center, Living Hope Baptist Church	Bowling Green, KY	3 Day	\$200 – Day Only
___ 3	July 30 (Wed) -Aug 1 (Fri)	Spiece Fieldhouse	Fort Wayne, IN	2 Night/3 Day	\$250 Overnight/ \$200 Day

Men's T-shirt Size

S M L XL

_____ Day Camp

_____ Overnight Camp

_____ has my permission to participate in D-One Shooting College.

I give permission for my son or daughter to undergo computerized motion analysis, which includes digital video capture. I give permission for Dr. Hoover and other D-One staff to comment for instructional purposes on my son or daughter's basketball performance. The law requires that parental permission to be obtained for operative procedures on minors, in the event of a medical emergency. I give permission for such diagnostic, therapeutic and operative procedures as may be deemed necessary for my son or daughter.

Signed _____

Relationship _____ Date _____

Enclosed in my camp deposit of \$50.00, which I understand is non-refundable. (Please make checks payable to D-One Camps).

Please mail to:

D-One Shooting College
 209 North Illinois, Monticello, Indiana 47960
 1-800-407-DONE or Cellular 219-866-2531
 www.donecamps.com - Fax 574-583-3940