

**COACH WOOTTEN'S BASKETBALL DAY
2010 REGISTRATION APPLICATION**

Register today:

Phone: 703-279-1554

Fax: 1-866-524-3059

Mail this form with payment to: Coach Wootten's Basketball Camp, 330 Ayr Hill Avenue, NE 22180-4725
Make checks payable to: Coach Wootten's Basketball Camp

CAMPER NAME: _____ CAMPER'S DOB: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE NUMBER: _____

PARENT'S CELL NUMBER: _____

PARENT'S ALTERNATE NUMBER: _____

EMAIL: _____ (CONFIRMATION SENT VIA EMAIL)

GROUP NAME: _____ (groups must be mailed together in one envelope with deposits and applications per camper).

SESSION CHOICE: PLEASE CIRCLE

Tuition per week is \$230.00. At the time of application submission, a \$120.00 non-refundable deposit is due. Campers who choose both sessions must submit a \$220.00 non-refundable deposit.

SESSION # 1: July 26-30 and/or SESSION # 2 August 2-6

BEFORE AND AFTER CARE: PLEASE CIRCLE (Fees are due with your submitted application and are non-refundable)

- Morning Only - \$5/morning
- Afternoon Only - \$5/afternoon
- Both Morning and Afternoon - \$35/week

EAST FALLS CHURCH METRO SHUTTLE TRANSPORTATION: PLEASE CIRCLE (Fees are due with your submitted application and are non-refundable)

- Morning Only - \$5/morning
- Afternoon Only - \$5/afternoon
- Both morning and Afternoon - \$10/Week

TOTAL REGISTRATION FEE:

- TUITION DEPOSIT \$ _____
- BEFORE AND AFTER CARE FEE \$ _____
- TRANSPORTATION FEE \$ _____

TOTAL AMOUNT PAID: \$ _____

METHOD OF PAYMENT: PLEASE CIRCLE

Check enclosed Master Card Visa

Cardholder's Name: _____
Card Number: _____ CVV # _____
Card Expiration Date: _____ Amount to be charged: _____
Authorized Signature: _____

Note: Discounts will be taken off of your balance not your deposit. Please include \$120.00 non-refundable deposit and any additional fees applicable with application.