

**Coach Wootten's Basketball Camp
2010 Before and After Care Registration**

Register Today!

Phone: 703-279-1554

Fax 1-800-591-9766

CAMPER'S NAME: _____

HOME PHONE NUMBER: _____

PARENT'S CELL NUMBER: _____

PARENT'S ALTERNATE NUMBER: _____

EMAIL _____ (Confirmation sent via email)

SESSION CHOICE: PLEASE CIRCLE ONE OR BOTH SESSIONS

SESSION # 1: July 26-30 **AND/OR** **SESSION # 2** August 2-6

AM SESSION: 7:30-8:30 AM (Tuesday – Friday)

PM SESSION: 4:30-5:30 PM (Monday – Thursday)

FRIDAY PM SESSION: 4:00-5:00 PM

NO AM SESSION ON MONDAYS

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

TOTAL REGISTRATION 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: _____