

**Coach Wootten's Basketball Camp
2012 Before and After Care Registration**

Register Today!

Phone: 703-867-2433 Fax 1-866-524-3059

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 23-27 **AND/OR** **SESSION # 2** July 30-August 3

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 if registered before July 20, 2012
\$50/week if registered after July 20, 2012

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: _____