

Complete this form (please print), and send it along with your payment to:
DC Basketball Clinic, 330 Ayr Hill Ave., NE: Vienna, VA 22180

Tuition: Non-Refundable

Submitted Before	Sept. 24, 2011	\$90.00
Submitted After	Sept. 25, 2011	\$100.00
1 Day Door Registration	Friday or Saturday Only	\$55.00

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ {Day} Cell Number () _____

School/Organization Name: _____

Email Address: _____ (Confirmation sent via email.)

Payment:

- Personal Check made payable to: **DC Basketball Clinic**
- Credit Card (Master Card or Visa)

Name on the Credit Card: _____

Card #: _____

CVV #: _____ Expiration Date: _____

Note: Please submit one application per person attending. If you are attending as a group and your school/organization is providing payment, you may submit one check/credit card payment.