

Mail in registration form and a \$100 non-refundable deposit check (or pay the total fee) payable to H.O.O.P.S., to the following:

H.O.O.P.S.
515 Ann Shaw Ave.
Fort Mill, SC 29708

Name: _____ Age: _____ D.O.B.: _____ Gender: _____

Home Phone: _____ Bus. Phone: _____ Emergency Phone: _____

Father's Name: _____ Mother's Name: _____

Where did you hear about H.O.O.P.S.? _____

Email Address: _____

Address: _____ City: _____ State: _____

Zip: _____

Amount enclosed: \$ _____

Purchase: Game Shots DVD: \$19.99 + shipping The Best Way To Practice by Myron Lowery

Shooting and One on One Moves Clinic

**Where: Providence High School
1800 Pineville Matthews Road Charlotte, NC 28270**

When: Tuesday June 14, Wednesday June 15, Thursday June 16

**Session I 9am-12 noon Session II 1-4pm
Cost: \$ 125.00 per session or \$199.00 for both sessions.**

Session I **Session II** **Session I & II**

Full Day Camp

**Where: Providence High School
1800 Pineville Matthews Road Charlotte, NC 28270**

When: June 20-23 Monday-Thursday

Time: 9am -5pm

Cost: \$199.00

I recognize the applicant is responsible for medical insurance and is fully covered. I will not hold H.O.O.P.S. or other facilities provided liable for any accidents or injuries. I certify that the applicant is in good health and may participate in vigorous physical activity.

Signature _____ Date _____