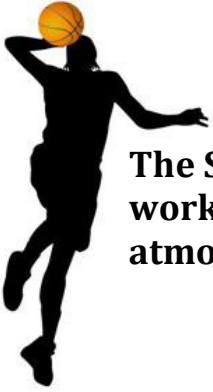


# STMC Knights Basketball Camp 2010



The STMC Knights Summer Basketball Camp is a 5 day camp designed to work on the fundamentals of the game in a fun and competitive atmosphere. It is open to boys and girls entering grades 9-12.



**When: August 23-27**

**Time: 10:00am-2:00pm**

**Where: St. Thomas More Collegiate Gym**

**Who: Boys and girls entering grades 9-12**

**Cost: \$150/camper. Includes 20 hours of instruction, games, camp T-shirt and prizes**

**Coaches: Mr. Darren McCormick and Mr. Dominic Zimmermann**



## Registration Form

Name of Camper: \_\_\_\_\_ M F

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt size: xs s m l xl  
(t-shirts are adult sizes)

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Please make cheques payable to St. Thomas More Collegiate.

Registration Deadline: July 2<sup>nd</sup> 2010.



### Privacy Clause

I \_\_\_\_\_ (signature) understand that this information will only be used to provide for my child's safety and enjoyment at the camp

# STMC Knights Basketball Camp 2010

**Please fill out the following in order to receive a tax credit**

Date: \_\_\_\_\_

Activity/Sport: Summer Basketball Camp

Start Date of the Activity/Sport: \_\_\_\_\_ (DD/MM/YYYY)

End Date of the Activity/Sport: \_\_\_\_\_ (DD/MM/YYYY)

Last Name of the Child \_\_\_\_\_

First Name of the Child \_\_\_\_\_

Date of Birth : \_\_\_\_\_ (DD/MM/YYYY)

Name of the Payer:

\_\_\_\_\_  
Address of the Payer:

\_\_\_\_\_  
City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code : \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Amount of Registration Fees paid: \_\_\_\_\_ Cheque/Cash

If paid by Cheque, then Cheque No.: \_\_\_\_\_

(Note: Please provide the full details in order for Fitness Tax Credit purposes).

# STMC Knights Basketball Camp 2010

Office Use: Coach: \_\_\_\_\_ (Initials)