

PLEASE PRINT OUT AND COMPLETE

Send registrations to:

LYNCH CAMPS
6001 W. 98th Street
Bloomington, MN 55438
952-426-2506

Participant's Name _____

School Attending _____

Birth Date _____ Age _____

Male _____ Female _____

Address _____ City _____

ZIP _____

Home Phone _____

Cell Phone _____

Work Phone _____

E-mail address _____

Registering for -
Basketball:

___ Full Week Summer Camp: Date _____ Location _____

___ Little/Super Shooters: Date _____ Location _____

Tennis: Date _____ Location _____

T-Shirt Size (Basketball Camps only):

Youth: M _____ L _____

Adult: S _____ M _____ L _____

Where did you hear about us?

___ Family Times ___ Mpls. Star Tribune

____ Local brochure ____ Friend/referral
____ Internet Search ____ Local Basketball Assoc.
____ Other _____

Parent/Guardian Name(s) _____

Have You Previously Attended Our Clinic/Camp? _____
If so, what location? _____

MAKE CHECKS PAYABLE TO LYNCH CAMPS, INC.

Medical Release

I hereby grant permission to the Lynch Basketball/Tennis Camps to act for me according to their best judgement requiring medical attention, and hereby waive the Camp from any and all liability for any injuries incurred while at camp.

Parent or Guardian Signature

If you know others who may be interested in our camps, please feel free to pass the word.

THANK YOU!