

APPLICATION FOR DETROIT PISTONS YOUTH BASKETBALL TRAINING CAMP TOUR

Parents: Please complete this application, detach and mail with your check. Be sure to sign the form where indicated. Photocopy of application will be accepted. Please print.

Camper's Name _____

Parent or Guardian's Name _____

Address _____

City/State/Zip _____

Day Phone _____ Evening Phone _____

Age _____ Grade in September 2004 _____ Sex _____

Allergies/Medical Conditions/Physical Problems we should know about:

I hereby authorize the staff of the Detroit Pistons/Shock Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the Camp from any and all liability for any injuries or accidents incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp program outlined above. I also understand that the Detroit Pistons/Shock Basketball Camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp. The Detroit Pistons/Shock Basketball Camp does not qualify for the child and dependent care expense credit under IRS guidelines.

Parent or Guardian's Signature _____

PLEASE ✓ SESSIONS YOU WOULD LIKE TO ATTEND

- | | |
|--|---|
| <input type="checkbox"/> SESSION #1 - GAYLORD | <input type="checkbox"/> SESSION # 9 - ROCHESTER AM (GIRLS) |
| <input type="checkbox"/> SESSION #2 - LAPEER | <input type="checkbox"/> SESSION #10 - ROCHESTER PM (BOYS) |
| <input type="checkbox"/> SESSION #3 - LAKE ORION | <input type="checkbox"/> SESSION #11 - PERRYSBURG, OH |
| <input type="checkbox"/> SESSION #4 - HOWELL | <input type="checkbox"/> SESSION #12 - MIDLAND |
| <input type="checkbox"/> SESSION #5 - HOLLY / FENTON | <input type="checkbox"/> SESSION #13 - AUBURN HILLS AM |
| <input type="checkbox"/> SESSION #6 - PLYMOUTH/CANTON AM | <input type="checkbox"/> SESSION #14 - AUBURN HILLS PM |
| <input type="checkbox"/> SESSION #7 - PLYMOUTH/CANTON PM | <input type="checkbox"/> SESSION #15 - GRAND RAPIDS |
| <input type="checkbox"/> SESSION #8 - TRAVERSE CITY | <input type="checkbox"/> SESSION #16 - KALAMAZOO |

Only
\$159

CALL
248.377.8653

METHOD OF PAYMENT

___ VISA ___ MC ___ DIS ___ AMEX ___ Check or Money Order

(Make check/money order payable to Palace Sports & Entertainment)

Mail to: Detroit Pistons Basketball Camp
3 Championship Drive
Auburn Hills, MI 48326-1752

Credit Card # _____

Exp. date _____ Signature _____

You may wish to fax this application to 248-377-4262. To verify fax or ask questions, call 248-377-8653.

A letter will be sent to you confirming your enrollment in camp.

• A full registration fee is refundable only if written cancellation is received 21 days prior to your camp session start date.

All other cancellations will receive refund less a \$50 administrative fee. Non-Sufficient funds checks will be charged a \$25.00 fee.