

2019 Basketball Camp Registration Form

Parent/Guardian Name: _____ Phone: _____

Mailing Address: _____

Please mail check, registration and release form to:

Sara Schroeder 21578 Road 15U Columbus Grove, Ohio 45830

Please make checks payable to: Ohio Eagles

Player Information

Name: _____ Age: _____ Grade: _____ Gender: _____

T-Shirt: NO SHIRT Youth Xtra Small (2-4) Youth Small (6-8) Youth Med (10-12)

Youth LG (14-16) Adult Small Adult Med Adult LG Adult XLG

Please Check for grades 1st-6th - ----AM Camp

Please Check for grades 7th-12th ----PM Camp

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