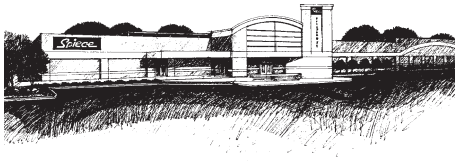

Spiece Fieldhouse
Located at 5310 Merchandise Drive
Fort Wayne, IN 46825
Office 260-471-5270 • 260-471-3469 (FAX)
Email: toddh@gymratsbasketball.com
www.gymratsbasketball.com

Application
Gym Rats
Rising Stars Exposure Camp

Cost: **$295.00** Registration Deadline: **July 26, 2010**

Participant's Name:_____

Parent's Name:_____

Email: _____ Birthdate: ___/___/___ Ht._____ Wt._____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone (_____)_____ School Phone (_____) _____
Area Code Area Code

Playing Position: G F C (Circle One) Name of High School Head Coach _____

2009/2010 School Year Grade 6 7 8 9 (Circle One) Boys or Girls (Circle One)

High School to attend: _____

City_____ Adult Jersey/Shirt Size: S M L XL 2XL

State: _____ Zip: _____ Adult Short Size: S M L XL 2XL

Make Checks Payable to: GYM RATS, INC.

Mail Entries To GYM RATS
P.O. Box 80640
Ft. Wayne, IN 46898-0640

Any Questions Please Call
Office 260-471-5270 • Fax 260-471-3469
visit our website: www.gymratsbasketball.com

THIS FORM MUST BE RETURNED WITH PAYMENT NO LATER THAN July 26, 2010

Online registration is available at www.gymratsbasketball.com . A liability waiver must be submitted with camp applicaton.

____ **$295 REGISTRATION FEE IS REQUIRED WITH THIS APPLICATION.**

PLEASE CIRCLE FORM OF PAYMENT: Check Money Order Master Card Visa Card

Card #:_____ **Expiration of Card** _____

CVV2 or V-Code:_____ **(Last three digits in signature line on back of card)**

Billing Address:_____ **City:**_____

State:_____ **ZipCode** _____

I,_____ **hereby give the "Gym Rats" authorization to charge the following items and amounts.**