



HIGH SCHOOL TEAM CAMPS

Bring your Varsity, JV, or freshman high school team to NBC Team Camp for an amazing week that could be the start to a successful season. We work hard to give you a great product: team unity, coaching clinics, minimum 14 officiated games, situation tournaments, intensity stations, challenge rounds and individualized league placement. You leave camp with the tools, encouragement, and unity you need to have an incredible season.

nbc camps is the world's greatest basketball camp experience



DANNY BEARD camp director

Danny was voted Southern Illinois Athlete of the Year as a high school senior. He was first team All-Midwest Regional and honorable mention All Big Eight as a starter for top 10 ranked Kansas State University. Danny has six years of Division I college coaching experience. He served as a clinician for the Uganda African Olympic Team. He is the Senior Vice President of NBC Camps and has been involved for over 30 years.



ONLINE
NBCCAMPS.COM

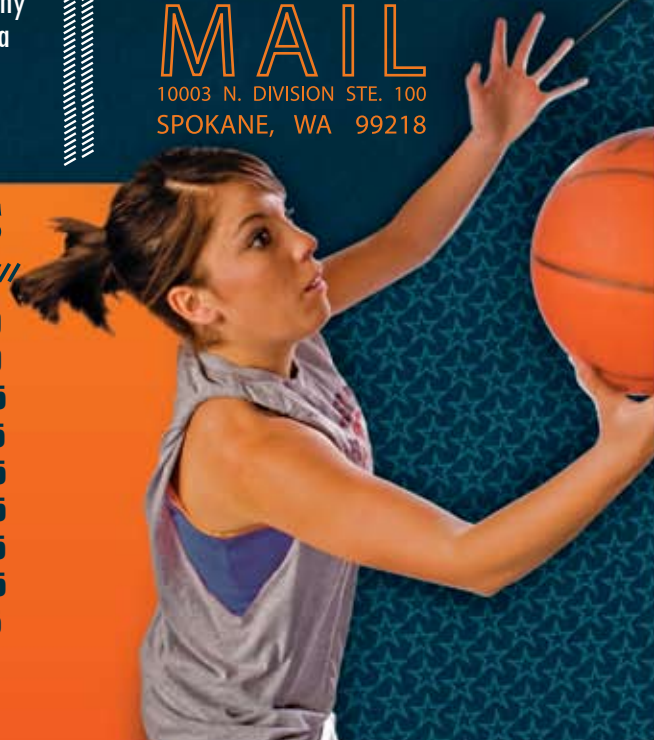
PHONE
800.406.3926

MAIL
1003 N. DIVISION STE. 100
SPOKANE, WA 99218

2009 DATES & LOCATIONS

Anchorage Pacific University	June 2-5	Boys	\$319
Anchorage Pacific University	June 8-11	Girls	\$319
Upper Columbia Academy	June 21-25	Girls	\$365
Seattle Pacific University	June 26-28	Boys	\$285
San Diego Christian College	June 28-July 1	Girls	\$365
Rocky Mountain College	June 29-July 3	Girls	\$365
Eastern Oregon University	June 29-July 3	Girls	\$365
Eastern Oregon University	July 6-10	Boys	\$365
Whitworth University	July 20-24	Girls	\$375

Call about Extended Day pricing options at specific sites.



Team Camp Registrations. Please make copies for all of your players.

Register now...

ATHLETE FIRST NAME:	M.I.:	LAST NAME:
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE: ()	CELL PHONE: ()	
BIRTHDATE: / /	AGE:	GENDER: M / F
EMAIL ADDRESS: (REQUIRED FOR EMAIL CONFIRMATION OF REGISTRATION)		
HEAD COACH NAME:	SCHOOL NAME:	GRADE:
ADULT JERSEY SIZE: <input type="radio"/> YL <input type="radio"/> S <input type="radio"/> M <input type="radio"/> L <input type="radio"/> XL <input type="radio"/> XXL	CAMP LOCATION:	
METHOD OF PAYMENT: <input type="radio"/> CHECK <input type="radio"/> VISA <input type="radio"/> MASTERCARD	FULL NAME ON CREDIT/DEBIT CARD:	
CARD NUMBER:	EXR. DATE: /	CHARGE AMOUNT: \$

**\$135 DEPOSIT DUE TO COACH WITH REGISTRATION.
REMAINING BALANCE DUE TO NBC CAMPS BY JUNE 1ST.**

**\$135 DEPOSIT DUE TO COACH WITH REGISTRATION.
REMAINING BALANCE DUE TO NBC CAMPS BY JUNE 1ST.**

Coach must mail all registrations by April 1st.

NBC CAMPS LIABILITY POLICY

I the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize and appoint the program directors and/or instructors as Attorneys in Fact and agents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and a danger of accidents. Knowing those risks, I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge NBC Camps from any and all liability resulting in injury associated with the camper's participation in this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.

- ▶ I give NBC Camps full permission to use my child's photo in future promotional brochures, poster, and/or website.
- ▶ I have read and understand NBC Camps' Liability, Cancellation Policy and Formula for Success.

PARENT/GUARDIAN SIGNATURE

gents for the undersigned to consent to medical, surgical and/or dental examinations, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is understood that participation involves an element of risk and a danger of accidents. Knowing those risks, I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge NBC Camps from any and all liability resulting in injury associated with the camper's participation in this activity. I understand it is my responsibility to inform camp personnel of any medical conditions, allergies, food restrictions or any other special needs my son/daughter may have. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release.