



Trinity Baptist Church
 9920 Fairmont Dr. SE
 Calgary AB T2J 0S4
 403-271-0346
www.trinitybaptist.ca

HOOPs Basketball Camp
July 17 to 20
9:00 am to 12:00 pm
Age 5 to 12

Please print clearly - all fields must be complete

Registrant Name			
Registrant Address			
Postal Code		DOB (MM/DD/YY)	
Phone Number			
Parent(s) Name			
Cell Phone		Email address	
Parent(s) Name			
Cell Phone		Email address	
Medical Conditions - please indicate any serious illness, allergy, behavioural problems or other medical conditions that we should be aware of.			

Registrant Name			
Registrant Address			
Postal Code		DOB (MM/DD/YY)	
Phone Number			
Parent(s) Name			
Cell Phone		Email address	
Parent(s) Name			
Cell Phone		Email address	
Medical Conditions - please indicate any serious illness, allergy, behavioural problems or other medical conditions that we should be aware of.			

Emergency Contact Information for the Family			
Emergency Contact		Phone	
Alternate Contact		Phone	

Payment Information (cheque or cash)			
Description	Rate (including GST)	Rec'd	Type (office only)
Single Participant	\$60.00		
Family Participants	\$100.00		

Parent Signature (Parent must sign for registrant under 18 years)	Date