

LICKING SUMMER CAMPS 2010 BASKETBALL REGISTRATION FORM

School _____ Coach's Name _____ email: _____

Coaches Home Address _____

Coach's Home Phone _____ - _____ Cell Phone _____ - _____

School Phone _____ - _____ (If you don't have a cell phone, list a cell # of someone in your traveling party)

Event(s) You Would Like to Enter: place a rating (1-5) next to the appropriate team(s)
Help us with scheduling by ranking each of your teams expected level of play for each of the events you will attend

Level 1 -Excellent 20+wins next year Level 2 - Very Good 16-20 wins next year
 Level 3 - Good 12-15 wins next year Level 4 - Fair 8-12 wins next year Level 5 - Poor- less than 8

June 24-25 is a Thursday/Friday Format. All other Camps are Friday/Saturday Format

May 28-29 St. Louis	June 4-5 Rolla	June 11-12 Jacksonville, IL	June 18-19 Branson	June 24-25* Rolla	July 9-10 Rolla	July 16-17 Arnold	July 23-24 Rolla	July 30-31 Rolla
Varsity__	Varsity__	Varsity__	Varsity__	Varsity__	Varsity__	Varsity__	Varsity__	Varsity__
JV ____	JV ____	JV ____	JV ____	JV ____	JV ____	JV ____	JV ____	JV ____
Fresh__	Fresh__	Fresh__	Fresh__	Fresh__	Fresh__	Fresh__	Fresh__	Fresh__
JH ____	JH ____	JH ____	JH ____	JH ____	JH ____	JH ____	JH ____	JH ____

Team Prospects: very important that we place you in competition with teams of equal skills. **Please be very candid** when you discuss your prospects for the upcoming season. Also, list any specific accomplishments of your team this past season:

09-10 Record _____ HS Enrollment _____ Conference _____ Mascot _____ Ret. Starters _____

Special Scheduling requests: _____

(Any special requests must be listed on this form and can not be met once the schedule has been posted)

Projections for 2010-11 and major accomplishments from last season (please be specific; conf. record, tournament places, ect...):

 _____ (use back for more space)

Start time on Friday (Exception: June 24-25 camp will begin on Thursday morning): If you are traveling more than 100 miles to camp, would you prefer to travel on Thursday and begin play Friday morning, or would you prefer to travel on Friday morning and begin play Friday afternoon? (Please Check One):

_____ Arrive Thursday night _____ Arrive Friday morning _____ Arrive Friday afternoon

If you have not attended a past camp, please enclose a \$50 refundable deposit.

Return to: David Almany, PO Box 20501 St. Louis, MO 63139
dave@lickingcamps.com 636-232-4688 (cell)

For scheduling questions contact Sam Potter at: 573-364-7633 OR 573-465-3556 (cell) or e-mail currentriver@embarqmail.com . If you do not receive an e-mail reply in 24 hours, call us.

www.lickingcamps.com