

# 2018 Frank Martin Basketball Team Camp

Team Camp: June 22nd – June 24th

Fax (803) 777-8317 – Attn: Dushawn Davis or email to Dushawn@mailbox.sc.edu

School/Team Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**1 Day Rate \$260**

**2 Day Rate \$460**

**3 Day Rate \$610**

Number of teams:

**Divisions (# of teams)**

**Options (x)**

Upper Varsity Division \_\_\_\_\_ 1 day\_\_ 2 day\_\_ 3 day\_\_ Dates Attending: \_\_\_\_\_

Lower Varsity Division \_\_\_\_\_ 1 day\_\_ 2 day\_\_ 3 day\_\_ Dates Attending: \_\_\_\_\_

Jr Varsity/Freshman Division \_\_\_\_\_ 1 day\_\_ 2 day\_\_ 3 day\_\_ Dates Attending: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of years of camp or coaching experience: \_\_\_\_\_

High School Graduate  yes  no

Undergraduate Degree  yes  no

Graduate Degree  yes  no

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**Please have each additional coach that will be coaching a team fill out the below information  
\*make copies of this form if necessary\***

Asst. Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN#: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of years of camp or coaching experience: \_\_\_\_\_

High School Graduate  yes  no

Undergraduate Degree  yes  no

Graduate Degree  yes  no