

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: _____

Dining

(Check all meals requested- Cost is per camper per meal):

Friday Lunch (\$10.00)_____ Saturday Breakfast (\$7.50)_____ Sunday Breakfast (\$7.50)_____

Friday Dinner (\$12.50)_____ Saturday Lunch (\$10.00)_____

Saturday Dinner (\$12.50)_____

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: _____

Lodging

(Check the number of nights requested-Cost is per camper per night):

1 night (\$30)_____ 2 nights (\$60)_____ 3 nights (\$85)_____

Dates of Lodging: Friday, June 22nd _____ Saturday, June 23rd _____