

2017 RON HUNTER TEAM CAMP REGISTRATION FORM

School _____

School Address _____

City _____ St _____ Zip _____

Head Coach _____ Asst. Coach _____

Head Coach Office Number _____ Cell Number _____

Contact Email _____

Number of Teams Attending: _____

Number of Players Per Team:

Team 1: _____ Team 2(*if applicable*): _____

Session(s) Attending (please check one or both)

June 9-10 _____ June 23-24 _____

Scheduling Preferences : i.e. earliest or latest start times, etc. _____

PAYMENT

For those attending **Session I**, payment and registration form must be received in our office by Friday, June 2. **Session II** payment and registration form must be received in our office by Friday, June 16.

Checks can be made payable to: Ron Hunter Basketball Camps.

Mailing Address

Georgia State Men's Basketball
Attn: TEAM CAMP
125 Decatur Street
Suite 201
Atlanta, GA 30303