



Basketball Camp

REGISTRATION FORM

Player Name: _____

Grade: _____ Age: _____ Date of Birth: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Email: _____

Work Phone: _____ Cell: _____

Parent/Guardian Name: _____

Player's Basketball Experience

AAU Experience: _____

National Tournament Experience: _____

AAU Team Name: _____

Height: _____ Jersey Size: _____ Position _____

Credit Card Information: Visa Mastercard

(circle one)

Card #: _____ Expiration: _____

Amount authorized to be charged to card: _____

Name as it appears on card: _____

Billing address of card: _____

I hereby authorize Next Level Ballers to charge my credit card account for the amount indicated.

Signature of Cardholder

Or mail check or money order to: Next Level Ballers, P.O. Box 1377, Rockwall, TX 75087