



Team Camp Registration Form- School Sign Up

Team Information:

School/Team Name: _____

Address: _____

City, State, Zip: _____

Coaches Name: _____

Cell #: _____ - _____ - _____

Email: _____

Camp Information:

Team Camp: June 10-12, 2024

Number of Teams Attending: _____

Division (Circle One): Upper Varsity, Lower Varsity, Junior Varsity

Staying Overnight: Yes or No

Approximate number of players: _____

Approximate number of coaches: _____

(Each team is allowed one Head Coach free; each additional coach is \$140)

Would you like your team to be added to the online registration so your players can get on and pay with credit card? Yes or No (will not be added online until team/school deposit is received)

Need to Know: DEPOSITS DUE BY May 15th

Resident Deposit: \$285

Commuter Deposit: \$250

Cost: \$285 per player for overnight, \$250 per player for commuter-minimum of 8 players per team.

Your deposit will be applied and cover the cost of one of your players to attend camp.

***Your Spot at camp is **NOT** guaranteed until we receive your school's deposit. Either paid online or a check/money order made out to Kevin Keatts Camps, and mailed to:

Kevin Keatts Basketball Camp
PO Box 10672
Raleigh, NC 27605