



# KEVIN KEATTS CAMP REGISTRATION

Camper Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Camper Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## CAMP ATTENDING

CAMP				
Skill Development Camp Session I	June 8 & 9, 2024	\$350	_____	
		\$200	_____	
Skill Development Camp Session II	June 29 & 30, 2024	\$350	_____	
		\$200	_____	
Father/Son Camp	Saturday June 15, 2024	\$325	_____	
	Additional Son	\$100	_____	
Overnight Camp I	June 20-23, 2024	\$699	_____	
	Day Camper	\$599	_____	
Overnight Camp II	June 24-27, 2024	\$699	_____	
	Day Camper	\$599	_____	
		Total Owed:	_____	

Checks/Money Order can be made out to Kevin Keatts Basketball Camps

Mail to: Kevin Keatts Basketball Camp

PO Box 10672

Raleigh, North Carolina 27605

*\*Confirmation will be sent via email upon receiving payment*