

**POSTON JUNIOR HIGH SCHOOL
GIRLS BASKETBALL
DEVELOPMENTAL CAMP**

WHERE: Poston Junior High Gym, 2433 E. Adobe, Mesa 85213
WHAT: Basketball skill development, physical, conditioning and strength training.

WHEN: Monday through Thursday
 Session 1- 12:00pm – 2:00pm June 2, 08 - June 26, 08 9th Grade
 Session 2 – 2:00pm – 3:00pm June 2, 08 - June 26, 08 6th, 7th, & 8th Grades
 Session 3 – 3:00pm - 4:00pm June 2, 08 - June 26, 08 4th & 5th Grades
 Session 4 – 4:00pm – 5:00pm June 2, 08 - June 26, 08 1st – 3rd Grades

COST: \$60.00 Session 1 June 2, 08 - June 26, 08 9th Grade
 \$45.00 Session 2 June 2, 08 - June 26, 08 6th, 7th, & 8th Grades
 \$45.00 Session 3 June 2, 08 - June 26, 08 4th & 5th Grades
 \$45.00 Session 4 June 2, 08 - June 26, 08 1st – 3rd Grades
 ** (We need a minimum of 20 players to have a camp)

CONTACT: Laurie Woodcock at Poston Junior High: Call: (480) 472-2152

SIGN UP: **Note: Please sign student up according to the grade they will be in during the 2008 – 2009 school year.

Complete registration form below and MAIL with check, money order or credit card information to MPS Accounting CE, 63 E. Main #101, Mesa, AZ. 85201 DO NOT bring to Poston bookstore. Please make checks payable to MESA PUBLIC SCHOOLS.

POSTON JUNIOR HIGH SCHOOL GIRLS BASKETBALL DEVELOPMENTAL CAMP

Account # 256 – 1328
Laurie Woodcock - 472-2152

Session 1 _____ (9 th Grade) 12:00 – 2:00pm \$60	Session 2 _____ (6-8 th Grades) 2:00pm - 3:00pm \$45	Session 3 _____ (4 & 5 th Grades) 3:00pm – 4:00pm \$45	Session 4 _____ (1 st – 3 rd Grades) 4:00pm – 5:00pm \$45
---	---	---	---

I give permission for my child to participate in the Poston Junior High Girls Basketball Developmental Camp. I/we have read and understand the registration and refund procedures. I/we assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and hold harmless Mesa Public Schools and the school from any claim arising out of any injury to my/our child.

PARENT SIGNATURE: _____ DATE: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

Method of Payment: Amount Enclosed: _____ Check # _____ Money Order _____

Credit Card (VISA/MasterCard) _____

Exp. Date: _____ Signature of Cardholder: _____

Checks must be made payable to: Mesa Public Schools Acct. #256-1328

Mail to 63 E. Main #101, Mesa, AZ 85201

This camp may count for the ECA (Extracurricular Activity) tax credit

REFUND POLICY: Total amount will be refunded if class cancels (100%). No refund otherwise.