

2009 PILOT TEAM CAMP ENTRY FORM

June 26-28

HIGH SCHOOL: _____

COACH'S NAME: _____

PHONE#: (H) _____ (W) _____

SCHOOL ADDRESS: _____

HOME ADDRESS: _____

OTHER CONTACT PERSON: _____

PHONE: _____

Yes, we would like to participate in Pilot Team Camp.

Enclosed is a non-refundable deposit of \$100 for each team to hold our place in camp. **Full balance to be paid 2 weeks prior to camp, or place may be given up.**

Please Circle One: Varsity JV Both
Pool Play Level Request: (ex. 4A, 3A,2A) _____

_____ Team Camp: June 26-28

_____ No Overnight option

_____ Yes, Overnight option for _____ players @\$110 per player. Includes meals and lodging during camp. 1 COACH PER TEAM ONLY, FREE. Additional Assistants must pay \$110.

***Contact- Shayla Johnson, johnsons@up.edu

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