



# WORK HARD, DREAM BIG

**#BCHSBB**

# BECKMAN CATHOLIC LITTLE-BLAZER BOYS BASKETBALL CAMP

**Elementary (3<sup>rd</sup> - 6<sup>th</sup> grade)  
& Junior High (7<sup>th</sup>-8<sup>th</sup>)  
November 3-5 at Xavier Elementary  
Nov. 3<sup>rd</sup> from (5-7PM)  
Nov. 4<sup>th</sup> & 5<sup>th</sup> (12-2PM)**

**COST: \$45.00 - includes t-shirt and basketball  
Checks: Beckman Catholic High School**

**Send to: Boys Basketball Camp  
Beckman Catholic HS  
1325 9<sup>th</sup> St. SE  
Dyersville, IA 52040**

**ONLINE REGISTRATION ALSO AVAILABLE AT <https://beckman.revtrak.net>  
(Select the "BCHS Sports Camps" icon)**

**\*\*Please return form by October 14, 2017**

**Any questions email Michael Molony- [mmolony@beckman.pvt.k12.ia.us](mailto:mmolony@beckman.pvt.k12.ia.us) or call Beckman  
at 875-7188.**

**NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_**

**PARENT'S: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_**

**PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_**

**T-SHIRT SIZE \_\_\_\_\_**

I certify that \_\_\_\_\_ has my permission to compete in the 2017 Basketball Camp. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Basketball Camp Coaches, Beckman Catholic High School, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all right and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

Signature of Parent or Guardian

Date