



Application form for 1 On 1 Sunday's
10AM to 11:30AM on Sunday mornings

PLEASE SELECT LOCATION

- Cardinal Gibbons**
2900 NE 47 Street - Fort Lauderdale
- Sagemont Lower School**
1570 Sagemont Way, Weston

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> October 17 | <input type="checkbox"/> December 12 | <input type="checkbox"/> February 6 | <input type="checkbox"/> April 10 |
| <input type="checkbox"/> October 24 | <input type="checkbox"/> December 19 | <input type="checkbox"/> February 13 | <input type="checkbox"/> April 17 |
| <input type="checkbox"/> October 31 | <input type="checkbox"/> January 9 | <input type="checkbox"/> February 20 | <input type="checkbox"/> May 1 |
| <input type="checkbox"/> November 14 | <input type="checkbox"/> January 16 | <input type="checkbox"/> February 27 | <input type="checkbox"/> May 8 |
| <input type="checkbox"/> November 21 | <input type="checkbox"/> January 23 | <input type="checkbox"/> March 6 | <input type="checkbox"/> May 15 |
| <input type="checkbox"/> December 5 | <input type="checkbox"/> January 30 | <input type="checkbox"/> April 3 | <input type="checkbox"/> May 22 |

Camper Name: _____ Gender: M/F _____

Date of Birth: _____ School Currently Attending: _____

Home Phone: _____ Emergency Phone: _____

Address: _____

City: _____ State _____ Zip _____

Payment Method: Amount _____ Check Credit Card

Credit Card # _____ CVV Code _____ Exp Date _____

Medical Insurance Company: _____ Policy # _____

Parent Name: _____ Referred by: _____

Parent Signature: _____ E-Mail: _____

(AUTHORIZES ENROLLMENT AND TREATMENT IN CASE OF EMERGENCY)

Total tuition cost is \$30 per session. Any 4 sessions are \$100.00

Return this form along with payment to:

All American Basketball School • 2585 Glades Circle • Weston FL 33327
Tel: (954) 472-2663 • Fax (954) 736-1259 • www.allamericanbasketballschool.com