

TEACHERS CONVENTION SPORTS STARZ DAY CAMP



*HOOP STARZ-BASKETBALL CLINICS
TEELS-BASEBALL CLINICS
TURF GAMES, CONTESTS, MOVIES,
ARTS & CRAFT ACTIVITIES, PRIZES AND AWARDS*



Check it out!!!! Sign up NOW!!!!

FREE HOOP STARZ BACK PACK FOR ALL CAMPERS

THURSDAY & FRIDAY NOVEMBER 6TH & 7TH

GRADES K,1&2 GRADES 3&4 GRADES 5&6 (9:00 – 3:00)

CAMPERS NAME _____ MALE () FEMALE ()

GRADE AS OF SEPT 08 _____ AGE _____ DATE OF BIRTH _____

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT _____ PHONE # _____

EMAIL ADDRESS FOR UPCOMING EVENTS & COUPONS: _____

Pre-Registration \$45 per day

"Daily-Door" Rate \$65.00

CREDIT CARD {VISA—MC—AMEX} _____ EXP DATE _____ (3 DIGIT SECURITY CODE) _____

I, BEING THE PARENT OR LEGAL GUARDIAN OF THE ABOVE MENTIONED MINOR, DO HEREBY CERTIFY THAT HE/SHE IS IN GOOD HEALTH AND MAY PARTICIPATE IN ALL CAMP ACTIVITIES. I HEREBY APPOINT THE OWNERS OF NSVA TO ACT ON MY BEHALF IN AUTHORIZING MEDICAL ATTENTION IF NECESSARY. I FURTHER UNDERSTAND THAT THE HOOP ZONE WILL NOT BE RESPONSIBLE IN ANY WAY FOR ANY MEDICAL COSTS DUE TO INJURY AT THE NSVA FACILITY.

SIGNATURE PARENT OR LEGAL GUARDIAN _____ DATE _____ / _____ / _____

**100 OAKLAND AVE CLOSTER, NEW JERSEY 07624
(201) 750-7900 FAX TO: (201) 750-7907**