

Elite Basketball Shootouts-2018 College Exposure Application-The Big 60

First Name _		Last Name			Gender		
Address		City	City				
State	Zip code						
Email address							
Height	Weight	Graduation year (circle	e one) _	_2019 _	2020 _	2021 _	2022
High School _			city			st	ate
insurance or is Shootout train emergency roo participate in t	s included in a poliner. I further author om at my expense. this event.	cy which I have in place. ize any treatment conside I further authorize and pr	I authorized red routing ovide my	e routine e to be ro consent	medical eferred to and perm	care for m a local ph ission for	ny child by the nysician or to an
Insurance Company		Policy		_ Group	#		
Name of Polic	cy Holder		_ Home I	Phone		_	
Signature of parent/guardian			Cell phone				
(For Pay Pal go t Send your che (Make your c	to the application on ou eck or money order heck or Money Or	:check or website at www.pahoops.org with your application (you der payable to: Bill Gaffey ay choose to attend more	g and scroll to ou must pr v)	to the botte int this a	om for the	BUY NOW	ard on Pay Pal button)
	•	Early registration for June Early registration for June	-		_		•
August 12 November 4	•	Early registration for Aug Early registration for Aug	-		_		•
	-	Early registration for No Early registration for No			-		

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