



**TEAM & SKILLS CAMPS  
COLLEGE RECRUITING  
TOURNAMENTS**

621 W Country Club Dr  
Egg Harbor City, NJ 08215

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**Hoop Mountain Basketball – Exposure Shootout**

**Sunday October 11, 2009 (9:00 am to 1:00 pm)**

**For Girls in Grades 9 – 12**

**Registration will begin at 8:00 am**

**Camp Director: Coach Larry DiGiovanni – Hoop Mountain Mid Atlantic**



Location: Hammonton High School

566 Old Forks Rd Hammonton, NJ

Cost: \$60 – (If paid by October 4, 2009)

Cost \$70 (If paid on day of shootout)

Payable to (check or money order): “Hoop Mountain”

Send to: Hoop Mountain, 621 W Country Club Dr Egg Harbor City, NJ 08215

**October 11, 2009 “Exposure Shootout” - Registration Form (please print):**

Name: \_\_\_\_\_ Grade (fall 09): \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

Shirt Size (circle one) : S M L XL Email : \_\_\_\_\_

Head Basketball Coach \_\_\_\_\_ AAU Coach \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Ins. Policy Number: \_\_\_\_\_

Please enroll my daughter in the Hoop Mountain Exposure Shootout. I authorize the camp Directors to act for me according to their best judgment in any emergency requiring medical attention for my daughter for which I shall pay. The applicant is in good health and able to participate in the physical activity of a vigorous program. I hereby waive and release Hoop Mountain from any and all liability for any injuries or illnesses incurred while at the Shootout or while traveling to and from Shootout.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date