## 25<sup>™</sup> Annual GCMS Falcon Boys Basketball Camp



| COST:  | \$35 per pe  | erson        |         |   |          |         |       |   |  |  |
|--|--|--------------|---------|---|----------|---------|-------|---|--|--|
| TIMES:   | Monday June 5th – Friday June 9th Incoming 6th, 7th and 8th Grade athletes GCMS High School 10:00-11:30am                        |              |         |   |          |         |       |   |  |  |
| DEADLINE:  | ADLINE: Please make checks payable to GCMS Boys Basketball.  Applications and tuition to be mailed/dropped off at the following: |              |         |   |          |         |       |   |  |  |
|  |  |              |         | GCMS Boys Basketball<br>GCMS High School<br>815 North Church<br>Gibson City, IL 60936 |          |         |       |   |  |  |
| Name of Camper:  |  |              |         |   |          |         |       | - |  |  |
| Grade (2017-18 School  | l Year)  |              |         |   |          |         |       |   |  |  |
| Parents or Guardians N   | Names:   |              |         |   |          |         |       |   |  |  |
| Phone:   | _  |              |         |   |          |         |       |   |  |  |
| E-mail:  |  |              |         |   |          |         |       |   |  |  |
| Shirt Size (Circle One):   | Yo   | uth Sizes:   | S       | M   | L        |         |       |   |  |  |
|  | Ad   | lult Sizes:  | S       | M   | L        | XL      | XXL   |   |  |  |
| In accepting this entry the GCMS Board of Edudirectly during the cam | ucation are r  | not responsi | ble for | any acci  | dental d | damages | _     | • |  |  |
| Parent or Guardian Sig   | nature:  |              |         |   |          |         | Date: |   |  |  |

\*\*\*PLEASE RETURN THIS SHEET FILLED OUT (INCLUDING THE WAIVER FORM ON BACK) AND A COPY OF YOUR INSURANCE AS PROOF OF INSURANCE (PHOTO COPY OF INSURANCE CARD IS PREFERRED)\*\*\*

Contact Ryan Tompkins with any questions – 217-781-1778 or Tompkins.ryan@gcmsk12.org