

# 20<sup>th</sup> Annual GCMS Lady Falcons Basketball Camp

Girls entering 3<sup>rd</sup> – 8<sup>th</sup> grade

June 18-22, 2012

GCMS High School

**COST:** \$35 per person

**TIMES:** Monday June 18<sup>th</sup> – Friday June 22<sup>nd</sup>  
3<sup>rd</sup> – 5<sup>th</sup> 8 – 9:30 a.m.  
6<sup>th</sup> – 8<sup>th</sup> 9:30 a.m. – 11 a.m.  
GCMS High School (please use main doors on east side of building)

**DEADLINE:** Applications will be accepted until June 11<sup>th</sup>.  
**Please make checks payable to GCMS Girls Basketball.**  
Applications and tuition should be mailed to the following:  
You may also drop off the applications at GCMS High School.

GCMS Girls Basketball  
GCMS High School  
815 North Church  
Gibson City, IL 60936

**Name of Camper:** \_\_\_\_\_

**Grade (2012-2013 School Year)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parents or Guardians Names:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Shirt Size (Circle One):** Youth Sizes: S M L  
Adult Sizes: S M L XL XXL

In accepting this entry I understand that the GCMS High School Camp Staff, their agents, representative committees, and the GCMS Board of Education are not responsible for any accidental damages or injuries suffered by me or my camper directly during the camp or travel to and from GCMS Basketball Camp.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Contact Kyle Bielfeldt with any questions – 217-781-0251 or bielfeldtk@gcms.k12.il.us