



## Registration Form

Name \_\_\_\_\_ Graduating Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

High School \_\_\_\_\_

High School Coach \_\_\_\_\_

High School Coach Number \_\_\_\_\_

Parents \_\_\_\_\_

Parents' Phone Numbers \_\_\_\_\_

AAU Team \_\_\_\_\_

AAU Coach \_\_\_\_\_ AAU Coach Phone Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Position \_\_\_\_\_ Jersey Size \_\_\_\_\_

Payment Method: Check payable to Goucher Men's Basketball for \$125.00

I certify that the registrant is in good physical condition to take part in the Men's Basketball Fall Prospect Camp at Goucher College.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

Please send your completed registration form and check (payable to "Goucher Men's Basketball") to:

**Goucher College  
Tom Rose, Head Men's Basketball Coach  
1021 Dulaney Valley Road  
Baltimore, MD 21204**

**\*\*\*ALSO COMPLETE THE REVERSE SIDE OF THIS FORM\*\*\***