Mail Registration and payment to: Sandie Graves. 621 East 11th. Ave. Apt. #2, Anchorage AK 99501

CAMPER Please Print		
First Name	Last Name	
Address:		
Age	Birthdate:	
Weight	Height:	-
Daytime Phone Number:_		
E-mail if you want picture	es throughout the week:	
T-Shirt Size:Signature:	Adult or Child Date:	
Medical Release		
	I hereby au	
medical situation. I here Camp from any liability affect my child's ability	e according to their best judgmen eby waive and release the Alaska . I know of no mental or physical to safely participate in this camp r changes in connection with his o	n Eagles Basketball problems that may . I will be responsible
Ciarraturus	Data	