

2024 Horns Hoop Camp Registration

Make checks payable to FBAS

Mail form and check by June 7th to
Eddie Fultz PO BOX 33 Fort Benton, MT 59442

Name of Camper _____

Grade Entering Fall 2024 _____

T-Shirt Size(circle one): YS YM YL AS AM AL AXL

Health Issues/Concerns/Allergies: *Some snacks may be provided*

Disclaimer:

I grant permission for my son/daughter to participate in Horns Hoop Camp. I voluntarily waive claim against Fort Benton Schools, coaching staff, and athletes for any and all liability in connection with the program. I also state that my child is physically fit to take part in this program.

Parent or Guardian Signature: _____

Date _____

Parent or Guardian Information

Name _____ Phone _____

Emergency Contact _____ Phone _____