



APPLICATION

Player's Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Telephone _____

Date of Birth _____ Age _____

PROGRAMS (please check all that apply)

June 28 - July 2, 2018

Extended Day Resident

Skill Level: General Elite

Position _____

Roommate Request _____

PAYMENT INFORMATION

Name _____

Address (if different) _____

Telephone (if different) _____

Method of Payment

VISA MasterCard Check

Deposit Full Payment

Credit Card # _____

Expiration Date _____

By submitting this application to B.D. Ice, Inc., I accept the terms of enrollment as described in this brochure. Furthermore, I agree to pay all camp fees and authorize B.D. Ice, Inc., to charge my credit card (if applicable).

Signature _____

Please make checks payable to B.D. Ice, Inc.