

**BILLY KELLER FAST BREAK BASKETBALL  
MINI SHOOTING SCHOOL**

**NAME OF ORGANIZER:** \_\_\_\_\_

**ORGANIZER PHONE NUMBER:** \_\_\_\_\_

**LOCATION:** School: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_

**SESSIONS:** Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**COST:** \$110.00

**INFORMATION:** For more information, call (317) 776-2255 (PRO-BALL)

Please accompany this registration blank with a check, money order or cash for the full tuition payment of \$110.00.

**MAKE CHECK PAYABLE TO:** Billy Keller Basketball Camps, Inc.

Please give check, money order or cash to organizing Coach/Person.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**GRADE IN SCHOOL** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**PARENT NAME:** \_\_\_\_\_

**HEALTH & ACCIDENT  
INSURANCE CO.:** \_\_\_\_\_

**INSURANCE POLICY #:** \_\_\_\_\_

*We, the parents or guardians, assume all risks and hazards incidental to our child's participation and hereby agree to indemnify and save harmless the Billy Keller Basketball Camp of any and all claims and lawsuits.*

**PARENT'S SIGNATURE:** \_\_\_\_\_