

GEORGIA BASKETBALL

School: _____

Classification/Region: _____

School Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ School Fax: _____

Head Coach Name: _____

Head Coach Email Address: _____

Head Coach Phone: _____ Head Coach Cell: _____

Assistant Coach(es): _____

When are you participating in camp (check both if coming two days)

June 16 _____

June 17 _____

Approximate number of players attending camp _____

Place an "X" by the division you would like to play:

TOP Varsity: _____ LOWER Varsity: _____ JV: _____

You may register by sending **TEAM FEES AND APPLICATIONS** to the address below. You may also call the **GEORGIA BASKETBALL OFFICE** at 706-542-1432 with any questions.

If interested in housing accommodations at a local hotel please contact us for more details.

REGISTRATION DEADLINE June 9, 2018



Mail team fees and applications to:

Tom Crean Team Camp 2018
100 Smith Street
Athens, GA 30602

(Make Checks Payable to TAC-3, LLC)

****we only accept school checks, head coach checks, and money orders**
NO CREDIT CARDS**

