

**AMARILLO BASKETBALL OFFICIALS
WEST TEXAS A&M TEAM CAMP JUNE 10-12**

FIRST NAME: _____

LAST NAME: _____

ADDRESS: _____

CITY: _____

ZIP: _____

EMAIL: _____

MOBILE NUMBER: _____

COST: \$25.00

SHIRT SIZE: _____

TIMES YOU CAN WORK

6/10 – 9AM TO 7PM: _____

6/11 – 8AM TO 4PM: _____

6/12– 8AM TO 4PM: _____

DISCLOSURE*

I hereby release any and all ABO staff, board members, ABO camp staff, and Texas Basketball Championships and its employees from any and all liability for any injury incurred at camp. I have no knowledge of any physical impairment that may affect my safe participation in the camp program.

AGREE: _____ (Please initial)

Email Rodger ,, rodger.grady2019@gmail.com.

Email Mike ,, mikeyell@live.com