

KCBOA

DEVELOPMENT CAMP

2024

NAME _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PHONE: _____ EMAIL: _____

CHAPTER AFFILIATION: _____

YEARS OF EXPERIENCE: _____ YEARS OF 3 PERSON EXPERIENCE _____

K C B O A

For more information, please contact:
Winfred E George, winbenzsvc@yahoo.com

I hereby release KCBOA, it's staff, all other entities, subsidiaries or partners from any and all liability for any injuries or illness which may occur while at camp. I have no knowledge of any physical disabilities that would affect my participation or performance.

SIGNATURE: _____

Please pay \$75 by JUNE 15, 2024, with application to KCBOA CAMP 1813 Cedar Vista Dr, Mesquite, Tx 75181. Checks payable to KCBOA

"You can have results or you can have your excuses. You cannot have both." - Unknown