

KEARNS JUNIOR HIGH SCHOOL

Girls Basketball Camp Permission Form

Your daughter will be attending a girls
Basketball camp at:

Kearns Junior High School

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| <i>Date</i> | June 14 th -17 th | <i>Time</i> | 9AM-11AM |
| <i>Location</i> | Kearns Junior High School Main Gym | | |
| <i>Cost</i> | \$10.00 | | |
| <i>Transportation</i> | On their own | | |
| <i>Notes</i> | I am really looking forward to holding our first girls basketball camp at Kearns Junior High School. I hope to continue the tradition and have a summer camp annually to help teach the girls at our school the fundamentals of basketball. If you have any questions or concerns, please contact me At the school at (385) 646-5204 or on my cell phone at (801) 706-7070. Thanks Coach Kami Willis | | |

Please return this permission slip by: June 4th, 2010 to Coach Willis at Kearns Junior High School

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| I give permission for my child _____ In grade _____ to attend the Girls Basketball Camp _____ on _____ from _____ to _____ Enclosed is \$ _____ to cover the cost of a T-shirt received at the completion of the camp. (Exact cash or check made payable to school.) In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact: Name _____ Phone _____ Parent/Guardian Signature _____ Date _____ |
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