



2009

Mission Rec. Center 5th Annual "Toni Russell" Basketball Camp

Name: _____

Contact: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Fax: _____

Cellular Phone: _____ Email: _____

For individual Camp(s): Please select which camp and age of participant.
(Note: Cost for each individual camp is \$160.00)

First Session
June 15th- July 3rd 1:00 - 5:00 pm

Second Session
July 13th - July. 31st 1:00 - 5:00 pm

Insurance Provider & Number: _____ Age: _____

Please make all checks or money orders to Mission Rec. Center and mail to:

2450 Harrison St.
San Francisco, CA 94110