

Nassau County 3 person Basketball Officiating Clinic Registration form

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

**Location: Molloy College
1000 Hempsted Ave.
Rockville Centre NY 11571**

Dates: * (CHOOSE IN ORDER OF PREFERENCE) *****

July 19^h _____ (\$90) _____

July 21st _____ (\$90) _____

July 23rd _____ (\$90) _____

ALL THREE DAYS _____ (\$180) _____

*** individual Day camp as per availability Priority will be given to 3 day requests first*

WAIVER: *I hereby release and hold Harmless the staff and or any personnel of the Nassau County 3 person officiating camp ,Franco Consulting Inc .and Molloy college of all liability from any injuries or illnesses while attending said camp. I further state that I have no knowledge of any physical impairment that would prohibit my participation in activities at the camp.*

SIGNATURE _____

DATE _____

Make Checks Payable to **Franco Consulting Inc.**
Official Shirts, Black Shorts and Whistle are required by campers