

Champions International, Inc. Byron Starks, Executive Director  
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[www.championsforlife.com](http://www.championsforlife.com) [byron@championsforlife.com](mailto:byron@championsforlife.com)

*Byron Starks*



**Boys & Girls Ages 5 – 16**

**Rock Solid School - \$75 ( 8:00 A.M. – 12:00 P.M.)**

**July 13 – July 16**

**Abbeville High School**  
 1105 Wildcat Dr.  
 Registration Deadline: July 6, 2009

**Prizes**

**What You Get!!**

- T-Shirt
- Basketball
- Inspirational Book
- ...And much more

**FUN**

**BENEFITS**

- Competition Games
- Inspirational Speakers
- A/C in Gym
- Experienced Coaches

**only**  
**\$75**

**only**  
**\$75**

**Register Early While Space Is Available**

**[www.championsforlife.com](http://www.championsforlife.com)**

*Player's Choice  
 Basketball School*

SESSION:  July 13 – July 16  ROCK SOLID SCHOOL \$75

T-SHIRT SIZE  YOUTH L  ADULT S  ADULT M  ADULT L  ADULT XL

CHILD'S NAME \_\_\_\_\_ CHILD'S DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S ADDRESS \_\_\_\_\_

GRADE ENTERING IN FALL OF 2009 \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ Age \_\_\_\_\_ city state zip code

EMAIL: \_\_\_\_\_

I, the undersigned, authorize and submit that my child, \_\_\_\_\_, is physically fit to participate in strenuous athletic activity and waive the PLAYER'S CHOICE BASKETBALL SCHOOL, its staff, affiliated entities, their officers, agents and employees from and against any injury, recurrence of any undisclosed pre-existing injury, or illness prior to the first day of the session, and all liabilities or causes of action arising out of, or in connection with, my child's participation in this school.

Signature of Parent/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please fill out and return with your \$25.00 deposit by the deadline of the camp of your choice. (Deposit is non-refundable)

**Make all checks payable to CHAMPIONS INTERNATIONAL & return to P. O. Box 1181, Youngsville, LA 70592-1181**

For office use only

DATE REC'D	FEE	CHECK #	CASH
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