



# SCOUTSFOCUS.COM REGISTRATION FORM

Pay by Money Order (\$195.00) or credit card (bottom of the page) and MAIL/FAX/E-MAIL IT TO:

Joe Davis, ScoutsFocus Basketball 114 East 3rd Street Greenville, NC 27858

PAYMENT PHONE: 252.389.9777

FAX: 888.380.8149

EMAIL: elite80@scoutsfocus.com

*Must be postmarked at least 10 days prior to desired camp date or it will not be accepted.*

*Online, fax, and phone are the only allowed registration methods WITHIN 10 DAYS of the showcase, space permitting.*

PLEASE CIRCLE YOUR DESIRED GIRLS ELITE 80 FALL CAMPS:

CAMP DIRECTOR: ESPN's Sr. National Recruiting Analyst Reggie Rankin

Aug. 27-28, 2016 L.A. Area, CA

Sep. 10-11, 2016 Chicago, IL

Sep. 24-25, 2016 Dallas, TX

Sep. 3-4, 2016 Houston, TX

Sep. 17-18, 2016 Atlanta, GA

Oct. 1-2, 2016 Greensboro, NC

Oct. 15-16, 2016 New York

PLEASE FILL OUT AS MUCH INFO AS POSSIBLE AS IT WILL BE MADE AVAILABLE TO SCOUTS AND COLLEGE COACHES

Camper Name \_\_\_\_\_ Camper Email \_\_\_\_\_

Camper Cell \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Birthday \_\_\_\_\_ Height \_\_\_\_ ft \_\_\_\_ in Weight \_\_\_\_\_ lbs Position \_\_\_\_\_ Grad Year \_\_\_\_\_ Shirt Size \_\_\_\_\_

Twitter / Facebook / Instagram Links \_\_\_\_\_

AAU Team Name \_\_\_\_\_ AAU Coach Name \_\_\_\_\_

AAU Coach Cell \_\_\_\_\_ AAU Coach E-mail \_\_\_\_\_

HS Coach Name \_\_\_\_\_

HS Coach Cell \_\_\_\_\_ HS Coach Email \_\_\_\_\_ GPA/ SAT/ACT \_\_\_\_\_

College(s) currently recruiting me/offers: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/ Guardian Cell \_\_\_\_\_ Email: \_\_\_\_\_ Cell#2 \_\_\_\_\_

Registration Password \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

I, the undersign, submit that my son/daughter is physically fit and able to participate in strenuous activity and hereby waive ScoutsFocus of all responsibility for illness or injury sustained. I hereby authorize camp personnel and directors to act on my behalf in their best judgement in any medical situation. I understand I am solely responsible for payment of any such medical expenses and must provide ScoutsFocus with proof of medical and accident insurance. I also understand that my payment is non-refundable and non-transferable under any circumstances.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**One Showcase Fee: \$195 (Late Fee: \$225 within 14 days of the camp)**

**Additional options (See scoutsfocus.com/cancel.html for cancellation insurance information):**

Highlight Video+Evaluation: \$79

Online Profile: \$39

Scouting Video+Highlight+Evaluation: \$119

Cancellation Insurance: \$20

Elite 80 Reversible Jersey: \$30

Highlight Video+Evaluation+DVD: \$99

Scouting+Highlight+DVD's+Evaluation: \$159

4 DVD Gametapes: \$99

Silver Package

Gold Package (Scouting + Highlight

Platinum Package (Gold Package + 8 Schools

Personal Recruiting Assistance (add \$100 for each

additional 8 schools requested): \$379

(Highlight, Scouting Video & Profile): \$139

Video+ Gametapes+ Profile + Jersey +

Cancellation Ins. +

DVD's of everything): \$279

Credit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_ Amount Authorized \$ \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Billing Address and ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICIAL USE ONLY: Amount Paid \_\_\_\_\_ Balance \_\_\_\_\_ Date Received \_\_\_\_\_ Processed by \_\_\_\_\_