SHOOTING STARS
HOLIDAY BASKETBALL CAMP

LEARN FROM THE BEST!
Learn from professional players from the MERITON Gold Coast Blaze 2011/12 NBL roster and QLD's elite coaches.

Get out of the house this spring by attending the Shooting Stars Holiday camp proudly presented by the Brisbane Spartans and the MERITON Gold Coast Blaze, meet new friends and have FUN!

SHOOTING STARS HOLIDAY CAMP INFORMATION
Date: Monday 26th & Tuesday 27th September 2011
Time: 9:00am - 3:00pm daily
Location: Rowland Cowan Basketball Stadium Zahel St Carina
Who: Boys and Girls aged 6 - 16.
Contact: Greg on 3398 2790 or 0421 631 587

WHAT YOU GET:
- A Shooting Stars Gift Pack; includes your own basketball, t-shirt & other great goodies!
- The opportunity to meet and be trained by professional players from the Gold Coast Blaze as well as the Spartans professional coaches.
- Special guest appearance by Spartans SEABL stars and NBL players.
- Healthy morning tea provided daily.
- Chances to win great prizes daily!

Go to www.sdspartans.basketball.net.au to register online

PLACES ARE LIMITED!
ENSURE YOUR SPOT BY REGISTERING TODAY!
SHOOTING STARS SCHOOL HOLIDAY BASKETBALL REGISTRATION FORM

PLAYER DETAILS
First Name: Surname:
Address:
Suburb: Post Code:
Contact: (h) (m)
Email: School:
Age: D.O.B: Receipt No: (office use only)

CAMP SELECTION
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September 2011
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PAYMENT DETAILS
CASH/EFTPOS/CREDIT CARD
Payments can be made at the Southern Districts Basketball Stadium, Zahel St, Carina.
(Allowed only in person - DO NOT send cash in mail)

CHEQUE/MONEY ORDER
Please make all cheques payable to SDBAL.
P.O Box 430, Canna, QLD, 4152

PLEASE NOTE
Once payment has been made no refunds shall be offered unless valid evidence can be provided.

WHAT TO BRING
Lunch, comfortable shoes, water bottle

WHAT YOU GET:
Camp Basketball AND T-Shirt
Shirt Size: (please circle one size only)
6 8 10 12 14 S M L

PARTICIPATION APPROVAL
I hereby consent for my child to participate in the Shooting Stars Holiday Camp at SDBA. I permit the staff of SDBA to act on my behalf should my child require medical attention, and hereby release SDBA from any liability should my child be injured during the course of the program. I give permission for any photographs taken of my child to be used for any promotional material by SDBA.

Parent/Guardian Name: __________________________ Signature: __________________________
Medical Information: __________________________

PLEASE RETURN COMPLETED FORM AND FULL PAYMENT NO LATER THAN FRIDAY 23rd SEPTEMBER