CEDAR SPRINGS
AREA PARKS & RECREATION

*OFFERS*

# *Dare to Dream*
# *Girls Basketball Camp*

**DATES:** **July 20-24, 2009**

**TIMES:** **Based on grade levels for 2009-2010 School Year**

**3rd-5th Graders 3:30-5:00pm**

**6th-8th Graders 5:15-6:45 pm**

**WHERE:** **CEDAR SPRINGS MIDDLE SCHOOL GYM**

**COST:** **$ 40.00 before July 10th**

**After July 10th or at the door $45.00**

Cost covers t-shirt and makes a donation to the high school girls basketball program

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Participant's Name: _____ GRADE NEXT YEAR:_____

Address: _____City & Zip_____

Phone:_____ Name of township /city of residence:_____

E-Mail Address: _____ T-SHIRT SIZE: _____

How do you hear about CSAPR Programs? _____

*I am aware of the possibility of injuries that exist with the participation in all recreational programs. I understand the Cedar Springs Area Parks & Recreation Dept., Cedar Springs Public Schools, and the instructors are NOT responsible for injuries that may occur during camps, clinics, and programs or for personal items brought to the programs.*

Parent's signature (if under 18 years of age:_____ Date:_____

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