



## WILL WADE CAMP REGISTRATION

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Grad Year: \_\_\_\_\_

Camper Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### CAMP ATTENDING

CAMP				
Skill Development Camp Session I	June 6 & 7, 2026	\$375	_____	
	One day option	\$225	_____	
Father/Child Camp	Saturday June 20, 2026	\$350	_____	
	Additional Child	\$100	_____	
Overnight Camp I	June 22-25, 2026	\$749	_____	
	Day Camper	\$649	_____	
Overnight Camp II	June 27-30, 2026	\$749	_____	
	Day Camper	\$649	_____	
		Total Owed:	_____	

Checks/Money Order can be made out to Will Wade Basketball Camps

Mail to: Will Wade Basketball Camps  
PO Box 10672  
Raleigh, North Carolina 27605

*\*Confirmation will be sent via email upon receiving payment*