



Team Camp Registration Form- School Sign Up

Team Information:

School/Team Name: _____

Address: _____

City, State, Zip: _____

Coaches Name: _____

Cell #: _____ - _____ - _____

Email: _____

Camp Information:

Team Camp: June 8-10, 2026

Number of Teams Attending: _____

Division (Circle One): Upper Varsity, Lower Varsity, Junior Varsity

Staying Overnight: Yes or No

Approximate number of players: _____

Approximate number of coaches: _____

(Each team is allowed one Head Coach free; each additional coach is \$150)

Would you like your team to be added to the online registration so your players can get on and pay with credit card? Yes or No (will not be added online until team/school deposit is received)

Need to Know: DEPOSITS DUE BY May 20th

Resident Team Entry Fee: \$500 per team

Commuter Entry: \$300 per team

Cost: \$295 per player for overnight, \$265 per player for commuter-minimum of 8 players per team.

***Your Spot at camp is **NOT** guaranteed until we receive your school's entry fee. Either paid online or a check/money order made out to Will Wade Basketball Camps, and mailed to:

Wil Wade Basketball Camp
PO Box 10672
Raleigh, NC 27605