



FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

CELL PHONE _____

PEOPLE ATTENDING WITH YOU _____

STAYING **ON** CAMPUS \$125 STAYING **OFF** CAMPUS \$75

SHIRT SIZE _____ GRADE IN FALL OF 2019 _____ AMOUNT ENCLOSED \$ _____

Checks payable to: Cornell College Women's Basketball

Return in the supplied envelope to: Brent Brase, 600 1st St SW, Mt Vernon, IA 52314

To register online: www.cornellcollegewbballcamps.com