

Get in the Game!!!

at the

Hilton Magic All-Stars

Youth Basketball Clinic

Learn to dribble and shoot like a pro!!
Learn plays that will put you ahead of the game!!

Friday, July 20, 2007

4pm – 8pm

Cost: \$100.00 per child

Includes t-shirt, clinic and other giveaways

For Age Groups
8-17 years-old

Iowa State University
The Lied Recreation Center
Ames, Iowa

Meet Your Favorite NBA stars and/or former Iowa State University Players:

Jamaal Tinsley (Indiana Pacers), Jeff Grayer (Milwaukee Bucks), Victor Alexander (Golden State Warriors), Fred Hoiberg (Minnesota Timberwolves), Morris Peterson (Toronto Raptors), Mateen Cleaves (Seattle SuperSonics), Antonio Smith (Michigan State University) and many former Iowa State University basketball players.

Complete the attached registration form and send payment to:

Hilton Magic All-Star Youth Clinic

P.O.B. 1102

Ames, IA 50014

810-533-5478 or 515-290-5004

or register on-line at www.barrystevensshootingstars.org

DUPLICATE AS NEEDED

Registration Form- Hilton Magic All-Star Basketball Clinic

Make checks payable to the Barry Stevens Foundation and send with the completed registration form to:
Hilton Magic All-Star Youth Clinic, P.O.B. 1102, Ames, Iowa 50014.

Child's Name	
Parent/Guardian's Name	
Nickname	
Home address	
City and State	
Zip Code	
Home phone	
Mobile or cellular phone	
E-mail address	
Favorite NBA Team	
Favorite NBA Player	
Age _____ Birthday ___/___/___	Height _____ Weight _____ Gender _____
T-shirt Size	_____small _____medium _____Large _____X-Large

Emergency and Medical Information

In case of emergency, contact	
Emergency contact's address	
Emergency contact's phone	
Doctor's name	
Doctor's phone	
Doctor's address	
List any illness or physical impairments	
List any prescriptions	
Allergies	

I hereby certify that my son/daughter is in good health and may participate in camp activities. I will not hold the university, camp sponsors or organizers in the event of an accident or injury as a result of his/her participation in the basketball clinic. I also give permission for my child to be given emergency treatment at a local hospital.

Parent/Guardian Signature _____ Date _____

