ATHLETES FOR BETTER EDUCATION

SUMMER TEAM CAMP PLAYER INFORMATION

AFBE Camp Location: Kutztown University Date of camp: _____

Player's Name: _____

Player's Address: _____

_____

Player's Home Phone Number: _____

Player's Grade (as of 9/1/10): _____

Player's High School Team: _____

Player's Coaches Name: _____

Player's Signature: _____

Player's Email Address: _____

**(only if you would want to receive additional information about the services offered by AFBE via email)

Residence Hall: _____ Room Number: _____

(To be completed by AFBE or Kutztown University staff on check-in day)

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