



Darrell Armstrong & Julius Tharpe Basketball Camp
EMPLOYEE HISTORY FORM

Name:

Address:

City:

State:

Zip:

Home Phone: ()

Cell: ()

Email:

Social Security #

Date of Birth

Present Profession (teacher, coach, student, etc)

Where Employed

Student:

What School:

Dates of Attendance:

Check which Camps you are able to work.

June 14-18 _____

June 21-25 _____

June 28- July2 _____

Return:

Dafpb10@gmail.com