

THE DARRELL "FLASH" ARMSTRONG & LEONARD WILLIAMS 2024 SUMMER BASKETBALL CAMPS

Typical Day at Camp:

Roll Call, Fundamentals, Skills Development, Games, Lunch,
Speaker, Fundamentals, More Games, and Competition.
Special Camp Features: camp T-shirt; special awards.

For Boys & Girls Ages 5 through 17.

Camp Location: Central Florida Christian Academy, 700 Good Homes Rd #6600, Orlando, FL 32818.

Dates: June 10-14, 2024 June 17-21, 2024

First Day Check-In: 8:00 – 8:45 a.m. Camp Hours: 9:00 a.m. – 4:00 p.m. Lunch:

Camper may bring their own lunch or purchase lunch at \$7.00 per day. For more
information email dafpb10@gmail.com or Call (407) 252-3333 or (407) 782-4474.

Camps Presented By:

Darrell Armstrong Foundation, Wayne Densch Charities, Central Florida Christian Academy

Application for the Darrell Armstrong & Leonard Williams
2024 Summer Basketball Camps

All camps \$300.00 per week.

Please make checks payable to: Darrell Armstrong Foundation
P.O. Box 608833, Orlando, Florida 32860.

Register Early! Space is limited.

Parents: Please complete this application and mail with your check. Be sure to sign form.

Campers Name _____
(Please Print)

Address _____
(Please Print)

City _____ State _____ Zip _____

Contact Person _____ Method of Payment: Check () Money Order ()
(Please Print)

Home Phone () _____ Cell Phone () _____ Business Phone () _____

Age _____ Sex _____ T-Shirt Size: S M L XL XXL

Email _____
(Please Print)

Check Camp(s) Interested in Attending: Week June 10-14 ____ Week June 17-21 ____

Allergies/Medical Conditions/Physical problems we should know about:

I hereby authorize the Directors of The Darrell Armstrong & Leonard Williams Basketball Camps to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Darrell Armstrong & Leonard Williams Basketball Camps, Central Florida Christian Academy, The Darrell Armstrong Foundation for Premature Babies, and Wayne Densch Charities, of any liability. I will be responsible for any medical or other charges in connection with his/her attendance at camp. I hereby approve emergency treatment by the hospital and/or physician for my child (camper). I will assume financial responsibility for the bills incurred through my insurance company. I have read the rules and regulations of the camp and both the camper, and I agree to abide by them.

Camper is covered by: _____

Parent's or Guardian's Signature: _____

