

# CCB All American Camp Preliminary

**Dates:**

Tennessee, Arkansas, North Mississippi,  
Kentucky, Alabama  
May 17th, 2008

Louisiana, Mississippi and Texas  
May 31st, 2008

**Location:**

**Louisiana Region:** TBA  
(check the website)

**Tennessee Region:**

Hamilton H.S.  
1363 Person Ave  
Memphis, TN. 38106

**Registration:** Only 60 spots available **Cost:** \$65.00

A registration form must be mailed along with \$30 dollar deposit to secure a place in camp. A confirmation letter will be made upon receipt of registration form.

Please plan to arrive at 8 am on the day of the camp. You will be assigned a team, and jersey number during registration if your paperwork is late. Camp officially begins at 9:00 a.m.

**Lodging & Meals:**

All lodging and meals are not included in your registration fee.

**Transportation:**

Arrangements will be made by the family.

**Contact:**

Tennessee Region: Charles Lawson 1-901-287-0057

Louisiana Region: Coach Mike Kuhn-1-225-287-3967



## MAIL PAYMENT INFORMATION TO:

**Louisiana Region:**

Louisiana, Southern Mississippi, and Texas

Bluechip Ballers Basketball (make check payable)  
PO Box 77882  
Baton Rouge LA 70879

Mike Kuhn or Chris Crawford

**Tennessee Region:**

Tennessee, Arkansas, North Mississippi, Kentucky, Alabama,  
Missouri

Charles Lawson (make check payable)  
7948 Winchester Rd. Suite 109-349  
Memphis, TN. 38125

Charles Lawson

**Name:** \_\_\_\_\_ **Circle Year:** c/o 09 c/o 10 c/o 11 c/o 12 JUCO

**Address:** \_\_\_\_\_ **High School:** \_\_\_\_\_

\_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Jersey Size:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **SAT/ACT:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Parent/Guardian's Signature:** \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

I understand that any CCB Camp (CCBA) participant who does not abide by the rules, regulations and policies established by the CCBA is subject to dismissal without reimbursement or recourse and I hereby waive and release the CCBA and the game facility. from any and all liability for any injury or illness while participating in the camp. I hereby authorize the directors of CCBA to act according to their best judgment in any emergency. I understand that each camp participant is required to have their own medical and accident insurance. I also understand that the CCBA retains the rights to use for publicity and advertisement purposes, photographs of camp participants.