

2nd Annual

**DARRIN HORN**

*Ladies Clinic*

Please join the South Carolina Men's Basketball team and staff for the Second Annual Darrin Horn Ladies Clinic on **Saturday, Nov. 7, 2009**. The event will be from **9:00 -11:30 am** at the **Gamecock basketball practice facility**. All registered attendees will receive an exclusive "Ladies Clinic" Under Armour T-shirt along with the opportunity to have fun with Gamecock players and coaches while learning the fundamentals of basketball.

## APPLICATION

Please return this application to Darrin Horn Ladies Clinic, South Carolina Men's Basketball, 1051 Blossom Street, Suite 201, Columbia, SC 29208. **For questions, call Holly Moring at (803) 777-4198 or email at moringh@mailbox.sc.edu.**

### PLEASE PRINT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ UA T-shirt size (circle): S M L XL 2XL

Please select: \$30 \_\_\_\_\_ \$35 (after Oct. 30) \_\_\_\_\_

\$10 (Student Discount) \_\_\_\_\_ (will accept Carolina Card at door)

Additional Donation: \_\_\_\_\_

**PLEASE MAIL PAYMENT, ANY ADDITIONAL DONATIONS, AND APPLICATION TO RESERVE YOUR SPOT TODAY. ALL PROCEEDS WILL GO TO THE V FOUNDATION FOR CANCER RESEARCH TO ASSIST WITH FINDING A CURE FOR BREAST CANCER.**

Make check or money order payable to Darrin Horn Ladies Clinic. **A confirmation letter will be sent after application and payment are processed.**

I hereby authorize the directors of the Darrin Horn Ladies Clinic to act for me according to their best judgement in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for injuries incurred while at camp, or arising out of my traveling to or from the Darrin Horn Ladies Clinic.

X \_\_\_\_\_

Signature

(Application will not be processed without signature)

