



9th Annual Triangle Sportscaster Camp

2017 Registration Form

July 10-12, 2017

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Age: _____ Birthday: ___/___/___

Current School: _____

M/F: M F Shirt Size: S M L XL XXL

Sports: _____

Favorite Teams: _____

Favorite Broadcasters: _____

How Did You Hear Of TSC?:

** To reserve your spot, please remit either the registration deposit (\$100) or the full balance (\$425).
(Remaining balance, if any, will be due at sign-in session on Monday, July 10th.)
(Spots treated first-come/first-serve; limit of 16.)

Please send payment payable to:
Patrick Kinas
c/o Triangle Sportscaster Camp
81606 Alexander
Chapel Hill, NC 27517