

DODGE CITY LEGEND

2003 Dodge City Legend Free Agent Camp

Saturday & Sunday, March 22 & 23

Sheridan Sports Center, Dodge City, Kansas

Purpose

To provide serious basketball players who have dreams of playing professionally the exposure needed to springboard to the highest levels of basketball.

Eligibility

Amateur players (WHO HAVE NO FURTHER COLLEGIATE ELIGIBILITY) and professionals who are currently free agents or who have permission to play.

Location & Date

Sheridan Sports Center, 240 San Jose Drive, Dodge City, Kansas.

Saturday March 22: Registration - 9:00 a.m. Session #1 - 10:00 a.m.-2:00 p.m. Session #2 - 5:00 p.m.-9:00 p.m.

Sunday March 23: Session #3 - 10:00 a.m.-2:00 p.m.

Liability Waiver

Every player should be in good physical condition and must sign a waiver of liability prior to participation in the camp.

Travel and Accommodations

Each player is responsible for his own expenses. The Silver Spur Lodge and Convention Center is offering a special room rate for camp participants of \$48 per night. Call 620-227-2125 to make reservations.

Equipment

Each participant will receive a reversible camp jersey and practice shorts, but must provide all other equipment including shoes, socks, athletic supporters, mouthpieces, etc.

Camp Fee

\$150 per player. Send cashier's check or money order payable to the Dodge City Legend. No personal checks will be accepted. Camp will be limited and fee is nonrefundable. Mail-in applications must be received by noon on Friday, March 21. Walk-up registration will be accepted only if space is available.

**Send camp form with cashier's check or money order to:
Dodge City Legend • 311 West Spruce St. • Dodge City, KS 67801**

Name _____ Date of Birth _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Height _____ Weight _____ Position _____ Minutes per Game _____ Points _____ Rebounds _____ Assists _____

Last School Attended _____ Year(s) _____

Most Recent Coach _____ Coach's Phone _____

Pro Experience (if any) _____

Agent's Name & Phone (if any) _____

Emergency Contact: Name _____ Phone _____

Address _____

Are you allergic to any medications? _____ If so, what? _____