

## Roommate Request Form

Camper's Name and Age:

\_\_\_\_\_

Roommate's Name and Age:

\_\_\_\_\_

Roommate's Name and Age:

\_\_\_\_\_

Roommate's Name and Age:

\_\_\_\_\_

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

\*Please note that the request must be made by each of the campers to be considered. There will be NO CO-ED roommates permitted. Campers must turn in requests *before* camp begins!

**Mailing address:** Phoenix Suns Basketball Camps  
201 E. Jefferson St.  
Phoenix, AZ 85004

**Fax to:** Attn: Camps (602) 379-7540

**Email to:** [camps@suns.com](mailto:camps@suns.com)