

*6 LEAGUES OF PLAY!*

*AGILITY DRILLS!*

*SHOOTING MECHANICS!*

*POWER PIVOT SYSTEM!*

*PERSONALIZED REPORT CARDS!*

*FINEST GUEST SPEAKERS!*

*FOOTWORK DRILLS!*

*AND MUCH MORE!*

**HANDS-ON COACHING  
AND PRO EVALUATION**

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**CAMP GOAL**

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**SPONSORS**

**YEAR**



FIRST M. LASTNAME'S

**Basketball  
CAMP**



[WWW.YOURWEBSITEHERE.COM](http://WWW.YOURWEBSITEHERE.COM)

555.543.5432 555.543.5433 FAX

**Basketball  
CAMP**

5432 ANY STREET WEST / TOWNVILLE, STATE 54321

MONTH  
0-00

YOUR  
LOCATION  
HERE



**MONTH 0-00**  
**YOUR LOCATION HERE**

**DEFENSIVE SKILLS**

*DEFENDING THE BALL!*  
*STRENGTH AND CONDITIONING!*  
*STANCE AND FORM TECHNIQUES!*  
*FULL-COURT PRESS SYSTEMS!*  
*REBOUNDING STRATEGIES!*  
*FOOTWORK EXERCISES!*  
*WEAK-SIDE DEFENSE!*

**COST**

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**WHO CAN ATTEND**

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**LOCATION**

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**WHAT TO BRING**

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**COACHING AND SUPERVISION**

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**AWARDS AND CONTESTS**

Ut wisi enim ad minim veniam, quis nostrud exerci tation ullamcorper. Et iusto odio dignissim qui. Lorem ipsum dolor sit amet arum.

**REGISTRATION**

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**OFFENSIVE SKILLS**

*BALL-FAKE TECHNIQUES!*  
*DAILY SHOOTING INSTRUCTION!*  
*BALL HANDLING SESSIONS!*  
*MULTIPLE PASSING SKILLS!*  
*POWER POST MOVES!*  
*AND MUCH MORE!*

**FOR MORE INFORMATION VISIT**  
**WWW.YOURWEBSITEHERE.COM**  
**OR CALL 555-543-5432!**

MAIL REGISTRATION FORM TO:  
 5432 ANY STREET WEST, TOWNVILLE, STATE 54321

**CAMPER**

PLEASE PRINT

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**T-SHIRT SIZE (ADULT)**

S  M  L  XL  XXL

**POSITION**

(Very Important — Check all that apply)

Point Guard  Power Forward  
 Shooting Guard  Center  
 Small Forward

SIGNATURE \_\_\_\_\_

**FEES**

1 PLAYER FEE: \$000

**PAYMENT METHOD**

CHECK OR MONEY ORDER  VISA  MASTERCARD

CARD # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME AS ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**MEDICAL RELEASE**

This is to certify that \_\_\_\_\_  
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_