



GLEN OAKS VIKING BASKETBALL CAMPS

OPEN TO BOYS AND GIRLS GRADES 3 - 12
(YOUR GRADE IN THE FALL OF 2010)



Glen Oaks Hotline 269-294-4216 - Steve Proefrock

CAMP ONE - College Skills Camp - will focus on skills necessary for the varsity and college level.

Monday, June 14th - Thursday, June 17th: Grades 10 - 12: 9:00 a.m. - 12:00 noon

CAMP TWO - Shooting Camp - will focus on shooting skills and techniques with heavy emphasis on shooting.

Monday, June 21st - Thursday, June 24th: Grades 3 - 6: 9:00 a.m. - 12:00 noon
Grades 7 - 9: 1:00 p.m. - 4:00 p.m.

CAMP THREE - Fundamental Camp - will focus on both offensive and defensive fundamentals.

Monday, July 12th - Thursday, July 15th: Grades 3 - 6: 9:00 a.m. - 12:00 noon
Grades 7 - 9: 1:00 p.m. - 4:00 p.m.

CAMP FOUR - Offensive Skills Camp - will focus on offensive moves and two and three man games.

Monday, July 19th - Thursday, July 22nd: Grades 3 - 6: 9:00 a.m. - 12:00 noon
Grades 7 - 9: 1:00 p.m. - 4:00 p.m.

Cost: \$55 for one camp, \$100 for two camps, \$130 for three camps

EACH CAMPER WILL RECEIVE:

- Fundamental instruction, contests, and games
- Camp T-shirt
- Written evaluation of each camper
- Official camp certificate
- Various individual instruction
- Awards for Best Defense, Offense, Hustle, and Hot Shot

Make checks payable to and mail to: **Glen Oaks Basketball Camp**
Glen Oaks Community College
62249 Shimmel Road
Centreville, MI 49032

Check-in and late registrations for all camps begin on the Monday of the camp week at 8:00 a.m. for morning sessions and at 12:00 noon for afternoon sessions at the Glen Oaks Gymnasium.

Glen Oaks Basketball Camp

NAME _____ GRADE IN FALL _____

ADDRESS _____ TELEPHONE _____

CITY/STATE/ZIP _____

SCHOOL _____ Please circle T-shirt size (adults): S M L XL

Check one: College Skills Camp Shooting Camp Fundamental Camp Offensive Skills Camp

I consider this participant to be in good health, and permission is granted to participate in all activities unless otherwise indicated in this record. In case of illness or injury, permission is granted for medical treatment to be rendered. I understand that a parent or guardian will be notified in case of serious illness or injury. All medical bills incurred by the patient will be the responsibility of the patient, parent, or guardian, if there are accidents, injuries, or death resulting from participation.

Parent Signature _____