

2009 STREAKS GIRLS BASKETBALL CAMPS

Grade in 2009-10

6th, 7th, 8th
2nd, 3rd, 4th, 5th

Time

Noon- 1:30pm
1:30-3:00pm

Dates

June 15-18 & 22-25
June 15-18 & 22-25

Location

Wicall Gym
Wicall Gym

Staff: Each camp will be directed by GHS Varsity Coach Evan Massey. He will be assisted by GHS staff and players.

Emphasis: The focus of the camps will be on basic skill development. The camp will be designed to help the young girls develop an enthusiasm for basketball.

Who Can Attend? The camp is open to girls attending Galesburg and surrounding schools. Girls from outside of Galesburg are welcome to attend this camp.

Wicall Gym- Wicall Gym is the auxillary gym located just northeast of GHS.

T-Shirt: Each camper will receive a camp t-shirt.

Name _____ Phone _____

Address _____ City/Zip _____

Grade Next Year _____ School will Attend _____

T-Shirt Size- _____ XXL _____ XL _____ L _____ M _____ S _____ YL

Attending Two Weeks of Camp (June 15-18 & June 22-25)

Before May 20- _____ Basic Fee= \$65 _____ 2nd Daughter= \$40 _____ Son/Daughter in Camps=\$50 _____ Free Lunch Students= 1/2 Rate

After May 20- _____ Basic Fee= \$75 _____ 2nd Daughter= \$50 _____ Son/Daughter in Camps= \$60 _____ Free Lunch Students= 1/2 Rate

Attending First Week of Camp Only (June 15-18)

Before May 20- _____ Basic Fee= \$35 _____ 2nd Daughter= \$20 _____ Son/Daughter in Camps=\$25 _____ Free Lunch Students= 1/2 Rate

After May 20- _____ Basic Fee= \$40 _____ 2nd Daughter= \$25 _____ Son/Daughter in Camps= \$30 _____ Free Lunch Students= 1/2 Rate

Attending Second Week of Camp Only (June 22-25)

Before May 20- _____ Basic Fee= \$35 _____ 2nd Daughter= \$20 _____ Son/Daughter in Camps=\$25 _____ Free Lunch Students= 1/2 Rate

After May 20- _____ Basic Fee= \$40 _____ 2nd Daughter= \$25 _____ Son/Daughter in Camps= \$30 _____ Free Lunch Students= 1/2 Rate

In and for the consideration of my daughter's participation in the Streaks' Camp and/or the Galesburg Summer League, I hereby agree and promise that I will not hold District #205, Streaks Camp, Galesburg Summer League, or the staffs responsible for any loss, damage, or personal injuries or illnesses that she may receive as a result of participation. In addition, I acknowledge that I have insurance to cover medical expenses of my daughter. I hereby grant permission for her to participate.

Parent or Guardian's Signature _____ Phone during Camp Hours _____

Return to: Coach Evan Massey, 1535 N.Prairie St., Galesburg, Illinois 61401.

Make checks payable to Streaks Basketball.

If you have any questions call Coach Massey at 368-0008.