

2017 SAINTS GIRLS BASKETBALL SKILLS CAMPS



Weekly Skills Mini Camp

GIRLS ENTERING GRADES 5-8

DATES: JUNE 6, JUNE 13, JUNE 27, and
JULY 11

TIME: 3:30PM - 5:00PM
(July 11th session will be 3:00pm-4:30pm)

FACILITY: ST. MARY'S CENTRAL HIGH SCHOOL

COST: \$45 (includes all sessions & camp T-shirt)

CAMP FOCUS: FUNDAMENTAL CONCEPTS OF DRIBBLING, PASSING AND RECEIVING, REBOUNDING, SHOOTING, AND OFFENSIVE/DEFENSIVE TECHNIQUES. DEVELOP TEAM CONCEPTS THROUGH 3 ON 3 AND 5 ON 5 COMPETITIONS. INCREASE INDIVIDUAL AND TEAM SKILLS WHILE DEVELOPING A RESPECT FOR THE GAME, SELF, TEAM, AND OTHERS.

Weekly Skills Mini Camp

GIRLS ENTERING GRADES 9-12

DATES: JUNE 6, JUNE 13, JUNE 27, and
JULY 11

TIME: 5:00PM - 6:30PM
(July 11th session will be 4:30pm-6:00pm)

FACILITY: ST. MARY'S CENTRAL HIGH SCHOOL

COST: \$45 (includes all sessions & camp T-shirt)

CAMP FOCUS: FUNDAMENTAL CONCEPTS OF DRIBBLING, PASSING AND RECEIVING, REBOUNDING, SHOOTING, AND OFFENSIVE/DEFENSIVE TECHNIQUES. DEVELOP TEAM CONCEPTS THROUGH 3 ON 3 AND 5 ON 5 COMPETITIONS. INCREASE INDIVIDUAL AND TEAM SKILLS WHILE DEVELOPING A RESPECT FOR THE GAME, SELF, TEAM, AND OTHERS.

Please return camp registration form by May 10th, 2017

Camp T-shirt order will be placed May 12th.

Skills Mini Camp Contact Information

Shannon Copas – St. Mary's Girls Basketball Coach

(Email) scopas@lightofchristsschools.org

(Work phone) 701-223-0225



2017 St. Mary's Saints Girls Basketball Weekly Skills Mini Camp Registration Form

Camper's Name: _____ Phone: Home () _____ Other () _____

Address: _____ City: _____ State: _____ Zip: _____

Grade this fall (2017): _____ School: _____ Adult T-shirt size (circle) S M L XL

Medical issues the coaching staff needs to be aware of: _____

Please circle desired camp: Skills Mini Camp Grades 5-8 (\$45) Skills Mini Camp Grades 9-12 (\$45)

Registration on site, first day of camp, or there after: (\$55) – T-shirt will be mailed.

Send to: Saints Girls' Basketball Camps – 3519 Clairmont Rd. – Bismarck, ND 58503

Checks payable to: Shannon Copas

I hereby acknowledge the health of my daughter to be ready for the vigorous activity of basketball and authorize the director to secure any emergency treatment deemed necessary, and I hereby release the camp director, coaches, St. Mary's Central High School, and all employees from claims on account of any injuries which may be sustained by my daughter while attending St. Mary's Girls Basketball Camp. I also understand that any medical bills incurred by my daughter while in attendance at the camp will be my responsibility or the responsibility of my family health insurance plan.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____