

ANNUAL WINTER CLINIC

~ Registration Form ~

2017



at *MEADOWBROOK SCHOOL of WESTON*
for *BOYS & GIRLS • AGES 6 - 14*

2017 WINTER CLINIC

Each clinic runs from 10:00 am - 3:00 pm

Numbers will be limited! Students will be registered on a first come, first served basis.

PRICE INFORMATION:

Cost is \$80 per day or \$225 for all 3 days

Please make checks payable to:

Below the Rim Basketball Camp, Inc.

Camp Director: Michael Snoddy.

On receipt of the application, a letter will be mailed to you, explaining camp directions and logistics.

CLINIC GOALS:

First and foremost, we want each student to have fun!

With the basketball season just getting underway, our clinic will spend time reviewing the individual skills of dribbling, rebounding, passing and shooting.

Each student will have the opportunity to play in competitive games. Teams will be selected based on the student's ability, not their age: thereby placing them in an environment where they can be challenged and experience success.

2017 WINTER CLINIC DATES:

**TUESDAY, DEC. 26th • WEDNESDAY, DEC. 27th
THURSDAY, DEC. 28th**

Time: 10:00 am - 3:00 pm • Boys & Girls Ages 6 - 14

Need More Info? Email: msnoddy13@gmail.com

Cut and return registration form



Last Name _____ First _____ Age at Time of Camp _____

Address _____ City _____ State _____ Zip _____

Name of Parent or Guardian _____ Email _____

Home Phone _____ Business Phone _____

The above named participant has my permission to participate in the above program. In case of emergency, I understand every effort will be made to contact the person above. I give my permission to the attending physician to render medical treatment to the camper, including (if necessary) hospitalization. Any expenses arising from illness or injury is the sole responsibility of the person signing below.

Signature _____

WINTER CLINIC: \$80 per day. If you sign your son or daughter up for **All 3 Days**, the total cost is **\$225**.



Check Date(s): Tuesday, Dec. 26th Wednesday, Dec. 27th
 Thursday, Dec. 28th

2017

Make checks payable to: **BELOW THE RIM BASKETBALL CAMP, INC.** Thanks!

Please mail checks with completed registration form to: **16 Whispering Way, Stow, MA 01775**