1st and 2nd Grade Camp

Who: *PRESENT* 1st and 2nd grade boys

When: June 19 - 22, 2017 (changed due to snow)

Time: 8:30am to 10:30am

Where: Ore Valley Elementary Gym

Cost: \$70.00 if paid before May 5, 2017 \$75.00 if paid after May 5, 2017

Includes: 2017 Camp T-shirt and daily awards

3rd through 9th Grade Camp

Who: *PRESENT* 3rd through 9th grade boys

When: June 19 - 22, 2017 (changed due to snow)

Time: 12:00pm to 4:00pm

Where: Dallastown High School Gym

Cost: \$100.00 if paid before May 5, 2017 \$105.00 if paid after May 5, 2017

> ***Camp will be divided into 3 groups for competitions (3rd and 4th) (5th and 6th) (7th, 8th and 9th)***

Includes: A free basketball, 2017 Camp T-shirt, and awards.

Bringing over 10 years of coaching experience, Coach Michael Grassel and his staff will instruct campers on passing, defense, foul shooting, ball handling, and rebounding. Instruction will be coupled with enjoyment in an attempt to motivate our campers so that they will continue to play a great deal of basketball. <u>Present skill level is not important</u>. Students will be placed as closely as possible into groups where their learning potential will be maximized.

Students should wear T-shirts, shorts, socks and sneakers.

We must be informed about any special physical needs our campers may have.

If a student must leave for any reason, he must present a note from his parent or guardian, or the parent or guardian should personally pick up the student.

*Payment in full is required with your completed application.

Please make all checks payable to:

"Wildcat Basketball Camp"

Note: A \$15.00 Administrative fee will be deducted on all refunds.

Please send application and payment to:

Mr. Michael Grassel Dallastown Area Middle School 700 New School Lane Dallastown, PA 17313

For additional information

Michael Grassel, 244-4021 Ext.2340 Michael.grassel@dallastown.net

Application Form	
Name	Telephone number where Parent/Guardian can be reached DURING camp hours
School you attend: (circle one) High School Middle School	In case of an emergency and in the event that I cannot be reached, I give permission to have my child taken to our family doctor, the listed hospital, or the nearest available doctor (in case the doctor listed cannot be reached). I also agree to assume the payment of costs in the event that such an emergency does occur.
York Township Ore Valley Leader Heights	Parent/Guardian
Loganville Dallastown Intermediate Other	T-shirt size: not exchangeable
Present Grade Home Phone	Youth Large Adult Large
Hospital Preference	Adult Small Adult X-Large
Family Doctor/Phone	Adult Medium
Parent/Guardian Name	E-mail Address