

GIRLS' BASKETBALL CAMP 2011



Dates/Times/ Location: **Grades 10th-12th**
Dates: June 6, 7, 8, 9 (M-TH) (North Gym)
Dates: June 13, 14, 15, 16 (M-TH)
Times: 10:15 – 12:30

Grades 5th-9th (Incoming Freshmen)
Dates: June 20, 21, 22, 23 (M-TH) (North Gym)
Times: 11:15 am – 12:30 pm

Cost: Grades 5 - 9 \$25
Grades 10-12 \$50
Check (per sport) payable to Reavis High School

What to bring: Shorts, t-shirt, socks, gym shoes, & water bottle

Information: Coach Maggie Miskowicz 708-599-7200 Ext. 225

All campers will receive a T-shirt. Please Circle Size

YOUTH L ADULT S M L XL

Please circle the camp your daughter will be attending.

Name: _____

Address: _____ **Phone:** _____

Grade (next fall) _____ **Age:** _____ **Height** _____

Parent/Guardian Permission Form

The applicant is in good health and has my permission to participate in Reavis High School's Summer Camp. I hereby release Reavis High School and the camp directors/instructors of all liability for any injury incurred by my daughter while participating in this summer camp.



Parent/Guardian Signature: _____

Date: _____

Emergency Phone: _____