PHILOSOPHY
The goal of the U-High Girls Basketball Camp is for campers to improve their individual and team skills through summer competition. Our purpose is to prepare the campers for basketball competition on their respective grade level teams. The campers will be grouped by age and ability, will play games daily, and will compete in various skill contests. The fundamentals of basketball will be stressed in a fun atmosphere where campers can develop an appreciation for the game of basketball.

REGISTRATION
Camp fee of $75 per camper. Each additional family member attending the Girls Camp will receive a $10 discount. Complete the registration form and return with payment to:

UHS Girls Basketball Camp
University High School
7100 Illinois State University
Normal, IL 61790-7100
Registration accepted thru 1st day of camp.
CAMP STAFF

Camp Director – Bob Morris, U-High Girls Basketball Coach
Assistant Director – Laura Sellers, U-High Girls Asst. Basketball Coach

Office: (309) 438-8913
Athletics: (309) 438-7373

CAMP FEATURES

Individual Instruction
Fundamental Skill Development
Skills Competition
Competition Awards
Game Competition
Camp T-Shirt
Certificate of Participation

ELIGIBILITY

The camps are open to all girls by their respective grade levels, who are interested in improving their basketball skills and knowledge.

CAMP DATE/TIMES

Monday, June 2 – Thursday, June 5
Youth Camp 5th – 7th Grade
9:00 am – 11:00 am
Junior Camp 8th – 9th Grade
11:00 am – 1:00 pm
Varsity Camp 10th-12th Grade
6:30 pm – 8:30 pm

2003 U-High Girls Camp
Registration

Name___________________
Address_________________ ________________________
________________________
School (2003-2004)
_______________________
Grade next year (03-04)
_______________________

Circle Shirt Size:
S M L XL

➢ I authorize the directors of the U-High Camp to administer first-aid in case of emergency.
➢ We have adequate insurance protection to cover treatment of injuries while our daughter is participating in the camp.
➢ My daughter is physically fit according to our family physician.

Parent/Guardian Signature: ____________________
Phone during camp: ____________________

DETACH AND RETURN THIS FORM