

# 2010 Fresno State Men's Basketball Skills Camp

Camp Dates: June 28-July 1, 2010 (M-TH)  
Time: 9:00 am – 4:00 pm (Drop off as early as 8:00 am)  
Ages: 2<sup>nd</sup> Grade – 11<sup>th</sup> Grade (7yrs-16yrs)

- \*The cost is \$125.00 per camper if paid in full by: June 15<sup>th</sup>, 2010 4:00pm
- \* Cost after deadline: \$150.00 per camper
- \*\$25.00 (\$125.00) discount per camper when application is received as a group that numbers 4 or more

**Concessions**  
 Water  
 Soda  
 Popsicles  
 Chips  
 Candy Bars

\*Option to buy Gatorade water bottle for unlimited refills all week

**Camp Includes:**

- \*T-shirt and Basketball for each camper
- \*Autograph session with coaches and players
- \*Athletic trainer on site
- \*Camp awards
- \*Camp held on Fresno State Campus (North Gym)

**Lunch Options**  
 Bring a sack lunch or  
 Pizza will be sold

Campers will learn from the instruction of the Fresno State coaching staff and players

- \*Shooting
- \*Ball Handling
- \*Passing
- \*Defensive Instruction
- \*Competitions and Games
- \*League games within their age group
- \*fun with Friends

Need more info?

Email: Coach Moon@ [lmoon@csufresno.edu](mailto:lmoon@csufresno.edu) or call 559-389-1933 or visit our Website @ [gobulldog.com](http://www.gobulldogs.com)  
 (<http://www.gobulldogs.com/sports/m-baskbl/fres-m-baskbl-body.html>)

Please fill out section below and send to following address:  
 5305 N Campus Dr. M/S NG27 Fresno, Ca 93740 Attn. Coach Moon  
 Check payable to Fresno State Men's Basketball Camp

## FRESNO STATE MEN'S BASKETBALL

**Camper's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, St, Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**Parent(s) Name:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_  
**T-Shirt Size:** (circle one) Youth      S      M      L      Adult      S      M      L      XL

Liability/insurance Statement

I hereby authorize the staff of Fresno State Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention and I waive and release the camp from any/all liability for injuries incurred while at camp.

\_\_\_\_\_  
 Parent/Legal Guardian Sign

Please list all previous health conditions the camp staff needs to be aware of; (i.e, asthma, concussions, allergies, injuries, etc.)

\_\_\_\_\_  
 Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_