

COACH HERENDA'S HOOP SCHOOL



July 19-22
9:00am-3:00pm
at UMass Lowell's
Campus Recreation
Center



Coach Greg Herenda

- 25 Years of NCAA Coaching Experience (UMass Lowell, Holy Cross, Seton Hall and Yale)
- Led the UMass Lowell River Hawks to 2009 NCAA tournament (21-8)
- Named Northeast-10 and NABC East Region Coach of the Year
- Nationally renowned clinician and lecturer



Coach Marc Kuntz

- Tremendous teacher of the game and former Head Coach at Wilmington College and Five Star Clinician



Coach Josh King

Former player at Eckerd College and East Carolina University. Third all-time leading scorer in North Carolina high school history (2,577 points). Has taught at HoopGroup Elite Camps and clinics at major Division I schools.



Free T-Shirt & Basketball for every student!



Camp will be staffed with a certified athletic trainer

For more information on Coach Herenda's Hoop School please call 978-934-2135 or email joshua_king@uml.edu

Hoop School Info:



Where?

UMass Lowell's tremendous air-conditioned Campus Recreation Center, 100 Pawtucket Street, Lowell, MA 01854

Who?

Coach G and his collegiate staff, players and local high school coaches

Why?

To have fun and learn the fundamentals of the game

What we do?

Play games, learn at skill stations, contests with prizes, etc.

What about food?

Bring your own lunch or order delicious Suppa's Pizza with your account (deposit money at the beginning of hoop school and spend as needed)

Snacks?

Full concession stand with healthy food & drinks

Coach Herenda's Hoop School

July 19-22 (\$200)

Please call for information on family packages

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Age _____ Grade (entering Fall 09) _____

T-shirt size (adult sizes) S M L XL

AAU Team _____

Coach/Email _____

Youth League _____

Director/Email _____

Insurance Co. _____

Policy # _____

Subscriber's Name _____

Phone Number _____

Preauthorization required by insurance co? Yes No

The clinic assumes no responsibility for accidents and medical and/or dental expenses incurred as a result of participation in this sports clinic. All participants must submit insurance information to be admitted. In case of emergency, I authorize the clinic staff to arrange the necessary medical treatment for my child.

Signature _____

Date _____ Emergency Phone _____

Payment for each clinic is due in full with registration. Please make checks payable to Greg Herenda, LLC. Mail completed form and payment to UMass Lowell Men's Basketball c/o Josh King, One University Avenue, Lowell, MA 01854