



**YVONNE  
SANCHEZ, A  
NEW MEXICO  
NATIVE BECAME  
THE FIFTH HEAD  
COACH IN LOBO**

**WOMEN'S BASKETBALL HISTORY THIS  
YEAR. PRIOR TO BECOMING A HEAD  
COACH, SANCHEZ SERVED AS THE  
ASSOCIATE HEAD COACH AND AN  
ASSISTANT COACH FOR 11 YEARS AT  
UNM. AT YVONNE SANCHEZ  
BASKETBALL CAMP, EACH CAMPER  
WILL RECEIVE COACHING FROM  
CURRENT LOBO BASKETBALL PLAYERS  
AND COACHES DURING STATIONS,  
CONTESTS AND GAMES!! EACH CAMPER  
WILL ALSO RECEIVE A CAMP T-SHIRT  
AND BASKETBALL!**



**CAROLINE DURBIN  
CAMP COUNSELOR**



**JOURDAN ERSKINE  
CAMP COUNSELOR**

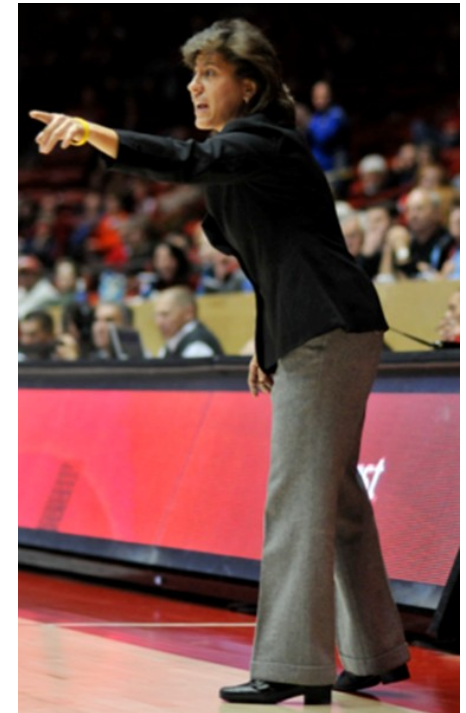
**MAIL TO:**

**UNM WOMEN'S BASKETBALL  
RUDY DAVALOS CENTER  
1111 UNIVERSITY BLVD SE  
MSC04 2690  
ALBUQUERQUE, NM 87131**

**PHONE: 505-925-5787  
CONTACT: AMY BEGGIN  
FAX: 505-925-5779**

**WWW.GOLOBOS.COM  
(GO TO WOMEN'S BASKETBALL  
PAGE)**

**2011-12  
YVONNE SANCHEZ  
BASKETBALL CAMPS**



**JUNE 11-13 INDIVIDUAL CAMP  
JUNE 18-20 TEAM CAMP  
JUNE 21-23 ELITE CAMP**

**TEAM CAMP**

**FOR: HIGH SCHOOL JV/VARSITY TEAMS**

**WHEN: JUNE 18-20**

**WHERE: THE PIT AND RUDY DAVALOS CENTER**

**COST: VARSITY: \$450 PER TEAM  
JV: \$350 PER TEAM  
SCHOOLS WITH 2 TEAMS: \$ 700**



**YVONNE SANCHEZ CAMPS**

**INDIVIDUAL CAMP**

**FOR: 9-17 YEARS OLD**

**WHEN: JUNE 11-13**

**WHERE: RUDY DAVALOS CENTER**

**TIME: 9-NOON**

**COST: \$150**

**ELITE CAMP**

**FOR: 9-12 GRADERS WANTING TO LEARN ADVANCED SKILLS**

**WHEN: JUNE 21-23**

**WHERE: RUDY DAVALOS CENTER**

**TIME: CHECK-IN 2PM ON 21ST  
JUNE 21: 4PM-7PM  
JUNE 22: 9AM-8PM  
JUNE 23: 9AM-1PM**

**COMMUTER COST: \$150**

**OVERNIGHT COST: \$275**

Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_  
\_\_\_\_\_  
Email \_\_\_\_\_  
\_\_\_\_\_  
Camp \_\_\_\_\_

Shirt size  
(adult) SM MD LG XL XXL

**Method of payment:**

- check (make checks payable to Yvonne Sanchez)
- cash/money order (circle one)

I \_\_\_\_\_ hereby authorize the staff of the Yvonne Sanchez Basketball camp to act for me in their best judgment in any emergency requiring medical attention for \_\_\_\_\_ and hereby waive and release Yvonne Sanchez and the Camp Staff from any liability for any injury or illness incurred while at the Yvonne Sanchez Camp. I have no knowledge of any physical impairment that would affect my child's participation in the camps as outlines. By signing below I certify that I have read the above statement.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_