



JAMIE DIXON 2008 TEAM CAMP

When : Friday, June 20th – Sunday, June 22nd

**Fee: Overnights - \$185.00 per player (9 player minimum)
2 nights & 5 meals provided for overnights
We will cover the cost of Room & Board for 1 coach per team.
For additional coaches please include an additional \$95.00 per coach.**

**Commuters - \$125.00 per player (9 player minimum)
Commuters must provide own meals**

***You and your players will stay in air-conditioned dorms as well as play in on campus facilities including the \$120 million Petersen Events Center, Fitzgerald Field House and Trees Hall.**

***Big East Officials – The Jamie Dixon Team Camp will include an officials camp run by Big East referees.**

***Your team will have the opportunity to play in 7 games over the course of the weekend.**

*** Participants in the field will include teams from both Local & National High Schools.**

*** Pitt Athletic training staff will be on hand to cover the Camp.**

***48 Team Limit**

***To secure your teams slot in this year's Team Camp please send a deposit of \$200.00 with this letter or return the enclosed roster with full payment made payable to JPD Camps, LLC : (Deposits will be applied to your total payment.)**

**University of Pittsburgh
Attn: Men's Basketball/Team Camp
PO Box 7436
Pittsburgh, Pa 15213**

School Name: _____

Head Coach: _____ Phone # _____

Deposit Amount: _____ Cell # _____

Overnight: _____ Commuter: _____

The outstanding balance is due by June 13th, 2008

**For additional information please call: Brian Regan 412-648-1078
bregan@athletics.pitt.edu**

VARSITY ROSTER

School: _____

Address: _____ City: _____ State: _____ Zip: _____

School Phone: _____

Overnight : _____
(\$185.00 Per Player)

Commuter: _____
(\$125.00 Per Player)

Name- Head Coach : First _____ Last: _____

Work #: _____ Home #: _____ Cell: _____

Email: _____

Name - Assistant Coach: _____

Name- Assistant Coach: _____

Total # of Players _____ Total # of Coaches _____ Total Amount of Check Enclosed _____

(please one check per school)

Player Names (minimum of 9 players)(**All HS are required to have Team Insurance**)

1) First _____ Last _____

2) First _____ Last _____

3) First _____ Last _____

4) First _____ Last _____

5) First _____ Last _____

6) First _____ Last _____

7) First _____ Last _____

8) First _____ Last _____

9) First _____ Last _____

10) First _____ Last _____

11) First _____ Last _____

12) First _____ Last _____

13) First _____ Last _____

14) First _____ Last _____

15) First _____ Last _____

JV ROSTER

School: _____

Address: _____ City: _____ State: _____ Zip: _____

School Phone: _____

Overnight : _____
(\$185.00 Per Player)

Commuter: _____
(\$125.00 Per Player)

Name- Head JV Coach : First _____ Last: _____

Work #: _____ Home #: _____ Cell: _____

Name - Assistant Coach: _____

Name- Assistant Coach: _____

Name -Assistant Coach: _____

Total # of Players _____ Total # of Coaches _____ Total Amount of Check Enclosed _____
(please one check per school)

Player Names (All HS are required to have Team Insurance)

1) First _____ Last _____

2) First _____ Last _____

3) First _____ Last _____

4) First _____ Last _____

5) First _____ Last _____

6) First _____ Last _____

7) First _____ Last _____

8) First _____ Last _____

9) First _____ Last _____

10) First _____ Last _____

11) First _____ Last _____

12) First _____ Last _____

13) First _____ Last _____

14) First _____ Last _____

15) First _____ Last _____