WHAT: APU head coach Justin Leslie and the Cougar basketball team are pleased to host the third annual APU basketball camps this summer! The camp is for boys and girls ages 6–14 of all abilities, from beginners to experienced players. Azusa Pacific’s coaching staff and current team members will instruct the campers, focusing on player improvement in a fun and positive environment. Campers will also hear from motivational speakers and participate in skill building games.

WHO: Boys and girls ages 6–14

WHEN: Monday–Thursday, June 13–16, 2016
Monday–Thursday, June 27–30, 2016

WHERE: Felix Event Center, Azusa Pacific University
701 E. Foothill Blvd., Azusa, CA 91702

COST: $125 per camper ($100 per camper if siblings attend)

DAILY SCHEDULE:

8:30–9 a.m. Free Shoot/Warmups
9–9:30 a.m. Stations
9:30–9:45 a.m. Break
9:45–10:15 a.m. Stations
10:15–10:45 a.m. Competitions
10:45–11:15 a.m. Skill Development
11:15 a.m.–12:30 p.m. Games

WHAT TO BRING: Everything you need for basketball sessions, and water.

For more information, contact camp co-director Peter Bond at pbond@apu.edu or at (714) 318-3185, or visit www.apu.edu/athletics/basketball/mens/camps/.

REGISTRATION:
Please complete one form per camper and provide all requested information below. Registration will be accepted up until the day of camp if space is available. Checks should be made payable to Azusa Pacific Men’s Basketball and should be mailed along with this form to: Basketball Camp, Azusa Pacific University, PO Box 7000, Azusa, CA 91702-7000.

Name: ___________________________________________ Age: _____ Shirt Size: ______

School: ___________________________________________ Grade: _____ Camp preference (circle one): June 13-16 June 27-30

Parents'/Guardians’ Names: __________________________________________________________

Phone: ___________________________________________ Email: __________________________

Address: __________________________________________________________

City: ___________________________ State: __________________ ZIP: ______________________

Emergency Contact Name and Phone: ______________________________________________

*Any medical conditions or allergies that the coaching staff should be aware of: __________________________

Amount of Check Enclosed: $ ____________________________________________________________________________