

SAMPLE CAMP PROGRAM

9 am to 3 pm

09:00 Orientation/Stretching

09:15 "Stations"

10:15 Individual Competition

11:15 Lecture/Demonstration

12:15 Lunch

12:45 Special Contests

01:30 Team Competition

03:00 Dismissal



* Locker room facilities will be available

* Campers should bring a bag lunch
Drinks will be provided

* Concession stand will be available
for purchases

8th Annual CENTRAL BUCKS SUMMER '08 BASKETBALL CAMP



*5 DAYS per camp
July 14th - July 18th
July 28th - August 1st*

Girls ages 8-15

Grades 3 thru 9 as of Sept '08

at

**Central Bucks-East
High School**

Anderson & Holicong Roads
Buckingham, Pennsylvania

DATES/TIMES

Camp runs from 9:00 am to 3:00 pm

Week #1: July 14th to July 18th

Week#2: July 28th to August 1st

CAMP FEE:

\$150.00 Pre-Registration

* Discount for early registration before May 31st

\$160.00 after May 31st

\$265.00 for both Camps

___ **Week #1: July 14th to July 18th**

___ **Week #2: July 28th to August 1st**

(Please indicate week(s) attending)

Total Amount Enclosed: \$_____

Make checks payable to:
"Central Bucks

Community School" #6040
C/O Athletic Department
Girls Basketball Camp
2804 Holicong Road
Doylestown, PA 18901

- * Free Camp T-shirt
- * Camp Prizes
- * Guest Lecturers

Dear Coaches, Parents & Players,

I am excited, along with my staff, to present our Seventh Central Bucks Summer Basketball Camp, although I have been conducting Summer Camps for Twenty-three years. It will be an instructional basketball camp for Girls ages 8 through 15

CAMP STAFF:

The Assistant Coaching Staff
at Central Bucks East HS

The 2007-08 Central Bucks
East Girls Basketball Squad

CAMP DIRECTOR:

Tom Lonergan
Head Coach
CB-East Girls Basketball

For more information
contact

**CB East Athletic
Directors' Office
#267-893-2327
or
Coach Tom Lonergan
#215-491-3489**

For additional forms, please go to www.cbsd.org
E-Friday Folders

REGISTRATION APPLICATION (Parental Signature Required)

Name _____
Grade _____ (as of 9/08) DOB _____
Height _____ Shirt Size: YL MS MM ML MXL
(Please circle one)

Address _____

City, State, Zip _____

Home Phone# _____

School _____

Medical Insurance Co. _____

Medical Policy # _____

Parent or Guardian Signature

Date

MEDICAL RELEASE/PHYSICAL Central Bucks Summer Basketball Camp

You will need to submit a Medical Release Waiver
and provide a current physical
(within one year from the end of camp)

You can obtain these forms on line
at www.cbcsonline.com

**Register early to reserve
your spot**