

JR BOBCATS BASKETBALL DAY CAMP



(Neighboring Communities Welcome)

Directors:

Marshall Reiff – Former Mt. Vernon and Tuckahoe Coach
Awarded "Coach of the Year" ten times

Ted Repa – Boys Varsity Coach Byram Hills High School
Awarded "Coach of the Year" two times

Featuring: **Marty Durkin** – Skill Trainer
Armonk Boys Asst. Varsity Coaches Steve Gage & Dave Mack

For Boys and Girls Ages 9 – 14

PLACE: GIRLS CAMP – ST. PATRICK'S GYMNASIUM (AIR CONDITIONED) ARMONK, NEW YORK
BOYS CAMP – BYRAM HILLS FACILITY ARMONK, NEW YORK

FIRST SESSION: June 28th to July 2nd (Monday - Friday)

9 AM to 3 PM Cost \$285

SECOND SESSION: July 5th to July 9th (Monday - Friday)

9 AM to 3 PM Cost \$285

SPECIAL OFFER: Sign up for both sessions before June 1st – \$520 After June 1st \$570
Sign up for one session before June 1st – \$260 After June 1st \$285

PROGRAM:

Daily Lectures
Drills - Stations
League Competition
Foul Shooting

*Includes weekly instruction time,
t-shirt, camp prizes
Players will be given individual instruction
and grouped according to age and ability*

For more information call

Coach Reiff (914) 769-4720 (day or night)

SKILLS:

Ball Handling
Passing • Shooting
Dribbling • Defense

BASKETBALL DAY CAMP APPLICATION

(Tear off)

(Please Print)

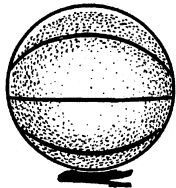
Please Enroll _____ Boy _____ Girl _____ Age _____

Street Address _____

State _____ Zip _____ Phone (day) _____ Phone (night) _____

E-Mail: _____

Amount Enclosed \$ _____ (no refunds) INDICATE CAMP T-SHIRT SIZE: S M L XL XXL



GIRLS CAMP - ST. PATRICK'S CHURCH

- Week of: June 28th to July 2nd (\$285; \$260 before June 1st)
 July 5th to July 9th (\$285; \$260 before June 1st)
 Both Sessions (\$570 for both; \$520 before June 1st)

BOYS CAMP - BYRAM HILLS FACILITY

- Week of: June 28th to July 2nd (\$285; \$260 before June 1st)
 July 5th to July 9th (\$285; \$260 before June 1st)
 Both Sessions (\$570 for both; \$520 before June 1st)

**MAKE CHECKS PAYABLE TO: ARMONK YOUTH SPORTS FOUNDATION LTD.
SEND TO: MARSHALL REIFF 302 Memorial Drive, Hawthorne, New York 10532**

MEDICAL INFORMATION

Name of Family Doctor _____ Phone # _____

Emergency Contact # _____

Specific Medical Limitations: _____

Parental Consent: I hereby give permission for my son/daughter to participate in the Junior Bobcats Day Camp. In consideration of my child being permitted to participate, I hereby agree to hold harmless from any liability, loss or personal expense to Coaches Reiff, Repa and Durkin, Byram Hills Central School District, St. Patrick's Church, or any staff member. In case of emergency, I grant permission for my child to be given medical treatment as prescribed by a physician or hospital.

Parent's Signature _____ Date _____