

Hi-Line Basketball Shooting Camp

Time: 1:00 p.m. - 4:00 p.m.

When: July 17th - 18th

Cost: \$50

Grades/Time/Location:

Entering 2nd-4th 9:00-11:00/Sunnyside

Entering 5th-7th 1:00-3:00/Havre High School

Entering 8th-12th 3:30-5:30/Havre High School **Campers Receive:** T-shirt

What Will Be Taught:

PROPER TECHNIQUES IN: Shooting, footwork, shooting off the catch, shooting off the dribble, and advanced shooting techniques.

Application Form:

Name: _____

Grade Entering: 2 3 4 5 6 7 8 9 10 11 12

Address: _____

T-Shirt Size: S M L XL XXL

Phone: _____

I hereby authorize the directors of **HI-LINE Shooting Camp** to act for me according to their best judgement in any emergency requiring medical attention. I hereby waive and release **HI-LINE SHOOTING CAMP** and **HAVRE PUBLIC SCHOOLS**. I know of no mental or physical problem which might affect my child's ability to safely participate in this basketball camp. I will be responsible for any medical or other charges in connection with her attendance at basketball camp. I have read, understand, and agree with the conditions of this registration.

Refunds: Your fee will be refunded, less a \$15 processing charge, if notification of cancellation is received prior to the start of basketball camp. Refunds after that date, less the \$15, will be made only for medical reasons upon receipt of a letter from a physician.

Parent or Guardian: _____

(signature)

Insurance: _____

(Company Name)

Policy Number: _____

Make checks payable to: **HAVRE PUBLIC SCHOOLS**

Please return this form to: Robins CC Kelly Veis
PO Box 7791
Havre, Montana 59501

Questions?? Please contact Hayley Donovan at 406-395-8552 or Kelly Veis at 406-399-3347