



2nd Annual Vail Christian High School
BASKETBALL SKILL DEVELOPMENT CAMP



CLINIC OF CHAMPIONS

June 8-11 (Monday - Thursday) 9:00 am to Noon

Inviting Boys and Girls who have completed Grades 2-8 by June 2009

New Vail Christian High School Gym, 31621 Hwy 6, Edwards, CO 81632



Daily activities will include...

Individual drills • Offensive & defensive fundamentals
 Passing, dribbling, rebounding, shooting - 1 on 1, 2 on 2
 Each camper plays at least 2 full court games each day
 Teams change daily • Tabulation of individual statistics
 Individual & team awards each session

Cost for the week of fun, competition and sound fundamental basketball instruction - \$100
 (Fee includes a Camp T-shirt, Insurance Coverage and use of camp equipment & facilities)

Camp Administrator: Doug Bruce, former head coach in the Kansas City area, current Boys Varsity Assistant and Girls Head Coach at Vail Christian High. A 21 year coaching record of 366-186, with 9 trips to state tournaments, two state championships, four state 2nd place finishes.

Camp Director: Sheldon Kuhns, Head Coach of the Vail Christian High Boys Varsity for 9 seasons

Campers! **You must bring...**

A physician's statement of health -or- parent's release (see registration blank below)

Basketball shoes, socks and shorts

You must be dressed and ready to play at 9:00 am each day

For early Registration & more info call Coach Bruce 970-766-4122 (Vail Christian) or 719-761-2916 (cell) or write:

Clinic of Champions
 c/o Doug Bruce
 31621 Hwy 6
 Edwards, CO 81632

Registration in advance by mail is needed to insure a position in Vail Christian's 2nd annual basketball camp

APPLICATION FOR "CLINIC OF CHAMPIONS" BASKETBALL CAMP

Name _____ Male or Female _____ Grade completed June 2009 _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home phone _____ Parent day phone _____ Age (as of June 1, 2009) _____

Full Payment Enclosed _____ \$100
 Partial Payment Enclosed _____ \$50 Balance of \$50 due for completion of registration (\$20 refundable if unable to complete full registration).

DOCTOR'S STATEMENT - OR- PARENT RELEASE RQUIRED WITH REGISTRATION

I find _____ physically fit for participation in summer basketball camp.
 Date _____ Doctor's signature _____ -or- Parent's signature _____