

MENDHAM PATRIOTS BASKETBALL PRESENTS



BENGALS BASKETBALL CAMP

Boys and Girls entering grades 1-8

MENDHAM TOWNSHIP MIDDLE SCHOOL

July 23-July 27, 2018
(Mon-Fri)

Sessions run
9:00am-2:30pm

WEEKLY TUITION

\$200 (5 days)

CAMP OBJECTIVES

- Teach the fundamentals of basketball without sacrificing the spirit & fun of the game.
- Develop & improve basketball skills
- Acquire game experience
- Group campers by age & skill level
- Encourage fair play & sportsmanship
- Enhance self-confidence



DAILY SCHEDULE

- Attendance
- Instructional skill and drill Stations
- Competitions
- Camp records
- Mini tournaments
- League games

CAMP HIGHLIGHTS

- Air-conditioned gyms
- Campers compete in two league games daily
- Lower hoops for younger players
- Staff consists of experienced high school coaches & players
- Closing Ceremony-Last day 2:00-2:30PM
- Camp T-shirt



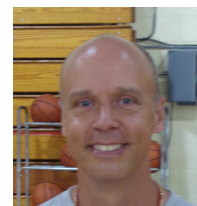
WHAT TO BRING

- Sneakers & Shorts
- Lunch (PLEASE NO PEANUT PRODUCTS!)
- Beverages & snacks are available for purchase during lunch

DIRECTORS

JOHN PETELA

- 10 years as varsity basketball coach
- Won state sectional championship
- 20+ years of basketball camp experience
- Former Assistant Athletic Director



CHRIS REMLEY

- All American @ Watchung Hills HS. In HS Hall of Fame
- Played for Rutgers
- Drafted by the Boston Celtics. Played in Spain, Ireland & Australia
- Coached 15 years as an Assistant Varsity and Varsity head coach
- Helped coach three teams to a sectional state championship
- One of three coaches in New Jersey state history to win both a girl's team and boy's team state sectional championship



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REGISTRATION FORM

(please print)

Camper's Name: _____

School: _____

Age: _____ Date of Birth: _____

Home Phone: _____

Address: _____

Parent/Guardian Information:

Name: _____

Cell Phone: _____

Work Phone: _____

Email: _____

SHIRT SIZE (check one)

Youth Medium Adult Medium

Youth Large Adult Large

Adult Small Adult X-Large

MEDICAL INFORMATION

(Please complete entire form)

In case of an emergency, and parent or guardian cannot be reached, please list the name of someone who has permission to act on your behalf:

Emergency Contact: _____

Emergency Phone: _____

Relationship to Camper: _____

Please list any medical conditions the camp should be made aware of:

Allergies: _____

Family Physician: _____

Physician Phone: _____

Insurance Co.: _____

Policy Number: _____

By signing below, I submit that my child is physically fit to participate in strenuous athletic activity, and waive Bengals Basketball Camp of any and all responsibility for injury or illness. I hereby authorize the directors of BBC to act for me according to their best judgment in an emergency medical situation.

X _____

Guardian/Parent's Signature

Date

***Please make check or money order payable to: Bengals Basketball Camp**

**Mail to: Bengals Basketball Camp
18 Sweet Briar Drive
Clark, NJ 07066**

X _____

By signing here, you **DO NOT** want photographs to be taken during camp for usage on posters and brochures.