

## GENERAL INFORMATION

We have a fundamental play camp. Our players are constantly instructed in the basics of basketball. Players interested in attending our camp can complete the registration form and return it with the appropriate fee.

*Bring a Friend.*

Coach Waleski..... 570-457-1206  
Coach LoBrutto..... 570-654-8030

## E-MAIL ADDRESS

stanwaleski@yahoo.com

E-mail Coach Waleski with any questions.

## PLAYER GROUPINGS

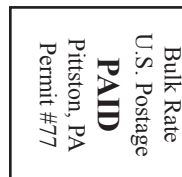
Players are grouped according to age and grade within each camp. Players are never overmatched during instruction, team play and competitions.

## CAMP CONFIRMATIONS

Camp Confirmations are mailed to registered players approximately one to two weeks prior to their scheduled camp.

Walk in registrations are welcome.

*Early Registration Discounts to May 1*



**FOR BOYS & GIRLS GRADES K-8**  
**July 12 - 30**

**DIRECTED AND STAFFED BY**

**STAN WALESKI** - Former Head Basketball Coach  
at Pittston Area High School

**CHARLES LOBRUTTO** - Former Assistant Basketball Coach  
at Pittston Area High School

*Located at*

**ST. JOSEPH'S OBLATES GYM**

**State Highway Rt. 315 • Laffin, Pennsylvania**

## BASKETBALL CAMP SCHEDULE

### Boys & Girls Camp Grades 2, 3, 4, 5, 6, 7

July 26-30 9:00 A.M. to 12:00 Noon  
July 26-30 1:00 P.M. to 4:00 P.M.

### Boys Camp Grades 3, 4, 5, 6, 7, 8

July 12-16 1:00 P.M. to 4:00 P.M.

### Girls Camp Grades 3, 4, 5, 6, 7, 8

July 19-23 1:00 P.M. to 4:00 P.M.

### Boys & Girls Camp Grades K, 1, 2, 3, 4

July 12-16 9:00 A.M. to 12:00 Noon  
July 19-23 9:00 A.M. to 12:00 Noon

*Early Registration Discounts to May 1*

# BASKETBALL INSTRUCTION PROGRAM

•• Individual Instruction ••  
In Offensive and Defensive  
Fundamentals

- Shooting
- Passing
- Defense
- Tournaments
- Ball Handling
- Dribbling
- 3 on 3 Play
- 5 on 5 Play

## • TEAM INSTRUCTION •

Players will receive team instruction during three on three and five on five league play. All games are supervised with coaches and referees.

## • CAMP TOURNAMENTS •

- Shooting
- Free Throws
- One on One
- Three on Three
- Five on Five

Early Registration Discounts to May 1

## CAMP INFORMATION

### • LOCATION •

**ST. JOSEPH'S OBLATES GYM**  
State Highway Rt. 315  
Lafin, Pennsylvania

**ST. JOSEPH'S OBLATES HAS  
EASY ACCESS AND FREE PARKING**

### FEE

- \$55.00 per camp per player
- \$50.00 per camp per player with more than one per family attending camp.
- \$50.00 per camp per player for attending more than one camp week.
- \$45.00 per camp for players registering before May 1.
- Group rates are also available.

### PAYMENT

Make checks payable to:  
Stan Waleski Basketball Camp  
717 Main Street  
Avoca, Pennsylvania 18641

E-Mail: stanwaleski@yahoo.com  
Web: stanwaleski.com

***Bring a friend!***

### MEDICAL

The parental insurance and medical form on the application must be properly completed. Any requirements for hospitalization will be handled by private ambulance, at the expense of the parent. If students have particular medical problems, they must notify the camp director.

## APPLICATION

**Check Weeks**    **BASKETBALL GRADES 2,3,4,5,6,7 BOYS & GIRLS**    **BASKETBALL GRADES 3,4,5,6,7,8 BOYS**    **BASKETBALL GRADES K,1,2,3,4 BOYS & GIRLS**  
 July 26-30 9:00-12:00 Noon     July 12-16 1:00-4:00     July 19-23 1:00-4:00     July 12-16 9:00 - 12:00  
 July 26-30 1:00-4:00     July 26-30 1:00-4:00     July 19-23 9:00 - 12:00

Name of Camper \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ T-Shirt Size: Youth L, Adult S M L XL  
 Residence Phone (\_\_\_\_) \_\_\_\_\_ Emergency Phone (\_\_\_\_) \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ School Attending Next Sept. \_\_\_\_\_  
 Name of Coach \_\_\_\_\_ Email \_\_\_\_\_ Grade Next Sept. \_\_\_\_\_

**PARENTAL INSURANCE AND MEDICAL FORM (To Avoid an Application Return Fee, Fill Out Completely)**  
 I understand that Stan Waleski Basketball Camp does not carry medical or accident insurance for students, and hereby certify that my child, (\_\_\_\_\_) is covered by a personal insurance policy or is included in a policy which I have in force. Further, I authorize routine medical dispensary care for the above-name student; and I authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense.

Parent's Name \_\_\_\_\_ Address \_\_\_\_\_  
 Medical Insurance Company \_\_\_\_\_ Policy I.D. Number \_\_\_\_\_  
 Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_  
 • Full payment must accompany application. • All players receive a free camp T-Shirt.    MAIL TO: STAN WALESKI BASKETBALL CAMP  
 • Please make checks payable to: STAN WALESKI BASKETBALL CAMP    717 Main Street  
 • For Information Call 457-1206\* 654-8030    Avoca, PA 18641