

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

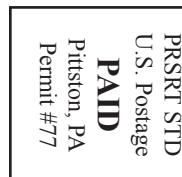
Camp Confirmations are mailed to registered players approximately one to two weeks prior to their scheduled camp.

Walk in registrations are welcome.

Early Registration Discounts to May 1



Or Current Address



FOR BOYS & GIRLS GRADES K-8
July 11-29

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 25-29 9:00 A.M. to 12:00 Noon
July 25-29 1:00 P.M. to 4:00 P.M.

Boys Camp Grades 3, 4, 5, 6, 7, 8
July 11-15 1:00 P.M. to 4:00 P.M.

Girls Camp Grades 3, 4, 5, 6, 7, 8
July 18-22 1:00 P.M. to 4:00 P.M.

Boys & Girls Camp Grades K, 1, 2, 3, 4
July 11-15 9:00 A.M. to 12:00 Noon
July 18-22 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 25-29 9:00-12:00 Noon July 11-15 1:00-4:00 July 18-22 1:00-4:00 July 11-15 9:00 - 12:00
 July 25-29 1:00-4:00 July 18-22 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