

# Jack McCloskey's

## 40th Annual Girls Team

### Basketball Camp at Alvernia University

#### Camp # 1 July 17, 18, 19

#### TEAM CAMP INFORMATION

The weekend team camps are for high school varsity and junior varsity teams. The emphasis is on playing games and obtaining valuable game experience. There is practice time available, but the goal is to have teams play as many games as possible over the three days.

With all games being played on the campus at Alvernia University, we will be accepting the first 20 teams to register for each week.

A \$150 non-refundable deposit and completed application MUST be received 2 weeks prior to reserve a spot in camp and receive a team mesh reversible jersey.

Teams attending camp must have at least 9 players per team

The camp will house and feed one (1) coach per 8 players, extra coaches will be charged

PIAA Officials will be provided for all the games along with scorers and timekeepers. This allows coaches to focus on coaching their teams.

**TIME:** Both residents and commuters attending Camp # 1 should contact their coach for registration time. Registration will take place at the Alvernia's Physical Education Center.

**FOOD:** Balanced meals each day to insure maximum nutritional value. (All you can eat) **First meal for Camp will be Lunch**

**HOUSING:** All resident halls are well supervised and facilities are equipped with air conditioning. (bedding is not provided)

**INFORMATION:** www.midatlanticbasketballcamps.com or CoachJMcCloskey@AOL.com or phone 610-367-0509

**APPLICATION:** Complete form and mail to: Jack McCloskey, 211 Sunset Hill Road, Boyertown, PA 19512

Make checks payable to: Jack McCloskey

**\*\* Only cash, money orders or cashiers checks will be accepted at registration**

**\*\*A \$150 non-refundable deposit MUST accompany the returned application to reserve you a spot in camp.**

Name \_\_\_\_\_ Gender ( m / f )  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 Grade Next Year \_\_\_\_\_ Coach \_\_\_\_\_  
 School \_\_\_\_\_ Age at Camp \_\_\_\_\_  
 T-Shirt Size ( Men's Sizes ) S M L XL  
 E-mail address - \_\_\_\_\_  
 I wish to room with: \_\_\_\_\_

- Camp #1 July 16-18       Resident Camper - \$200  
 Commuter Camper - \$160

**Signatures on this registration form signify parent or guardian has read, understands and abides by this information.**

I release and discharge, Jack McCloskey Basketball Camp, camp workers and employees from all action, suit and demands whatsoever in law or in equity including but not limited to the risk of injury from participating in camp and the risk of loss of personal property by theft or otherwise. I give permission to Hospital workers and employees of the camp to treat injuries sustained in Camp.

\_\_\_\_\_  
Signature ( parent / guardian ) Date

Health Insurance Company \_\_\_\_\_  
 Health Insurance Number \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_

## Schedule for registration - Fridays

9:00 - 10:00 Registration - For games scheduled for 10:00 & 10:45

10:00 - 10:45 AM Games - courts 1 & 2  
10:45 - 11:30 AM Games - courts 1 & 2

10:00 - 11:00 Registration - For games scheduled for 11:30 AM, 12:15 PM, 1:00 PM, 1:45 PM

11:30 - 12:15 PM Games - courts 1 & 2  
12:15 - 1:00 PM Games - courts 1 & 2  
1:00 - 1:45 PM Games - courts 1 & 2  
1:45 - 2:30 PM Games - courts 1 & 2

Lunch served 11:30 AM - 1:00 PM

**INFORMATION:** [www.midatlanticbasketballcamps.com](http://www.midatlanticbasketballcamps.com)  
[CoachJMcCloskey@AOL.com](mailto:CoachJMcCloskey@AOL.com)  
Phone 610-367-0509

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