

**Jack McCloskey's**  
**42nd Annual Boys Team**  
**Basketball Camp at Alvernia University**  
**Camp # 3 July 20, 21, 22**  
**Camp # 4 July 27, 28, 29**

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 24 teams to register for each week.

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

Teams attending camp must have at least 8 players per team

The camp will house and feed one (1) coach for every 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 Camps # 3 or # 4 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 john.mccloskey@alvernia.edu

Phone 610-369-7335 or 484-256-5222

**APPLICATION: Complete form and mail to: John McCloskey, 893 Powder Mill Hollow Road, Boyertown, PA 19512**

Make checks payable to: **Jack McCloskey**

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

Name \_\_\_\_\_ Gender ( m / f )  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Grade Next Year \_\_\_\_\_ Coach \_\_\_\_\_  
School \_\_\_\_\_ Age at Camp \_\_\_\_\_  
E-mail address - \_\_\_\_\_  
I wish to room with: \_\_\_\_\_

- Camp #3 July 20-22       Resident Camper - \$210  
 Camp #4 July 27-29       Commuter Camper - \$175

**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 \_\_\_\_\_