



FUNDAMENTALLY SOUND BASKETBALL DAY CAMP 2018



Directors:

Marshall Reiff – Former Mt. Vernon and Tuckahoe Coach

*Two State Championships • Awarded "Coach of the Year" ten times
Director of Jr. Bobcats Tri-County Winter League*

Marty Durkin – Skill Trainer - Master of Fundamentals - "The Shot Doctor"

For Girls Ages 8 – 14 and Boys 8 -14

Don't get closed out - sign up early!

PROGRAM:
Daily Lectures
Drills - Stations
League Competition
Foul Shooting

**Place: – St. Patrick's Gymnasium (air conditioned)
29 Cox Avenue, Armonk, New York**

SKILLS:
Ball Handling
Passing • Shooting
Dribbling • Defense

FIRST SESSION: June 25th to June 29th (Mon - Fri) 9 AM to 3 PM Cost: \$315 - - before June 1st \$290

SECOND SESSION: July 9th to July 13th (Mon - Fri) 9 AM to 3 PM Cost: \$315 - - before June 1st \$290

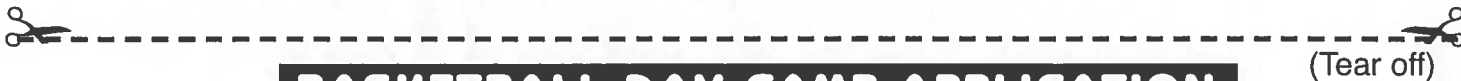
Sign up for both sessions \$630 (before June 1st \$580)

Includes weekly instruction time, t-shirt, camp prizes

Players will be given individual instruction and grouped according to age and ability

For more information call

Coach Reiff (914) 769-4720 (day or night)



BASKETBALL DAY CAMP APPLICATION

(PLEASE PRINT CLEARLY - TEAR OFF APPLICATION)

Please Enroll _____ Boy _____ Girl _____ Age _____

Street Address _____

State _____ Zip _____ Phone (day) _____ Phone (night) _____

E-Mail: _____

Amount Enclosed \$ _____ (no refunds)

ST. PATRICK'S CHURCH

- Week of June 25th-June 29th (\$315; \$290 before June 1st)
- Week of July 9th-July 13th (\$315; \$290 before June 1st)
- Both sessions (\$630; before June 1st \$580)



MAKE CHECKS PAYABLE TO: MARSHALL REIFF

SEND TO: MARSHALL REIFF 302 Memorial Drive, Hawthorne, New York 10532

MEDICAL INFORMATION

Name of Family Doctor _____ Phone # _____

Emergency Contact # _____

Specific Medical Limitations: _____

Parental Consent: I hereby give permission for my son/daughter to participate in the Fundamentally Sound Day Camp. In consideration of my child being permitted to participate, I hereby agree to hold harmless from any liability, loss or personal expense to Coaches Reiff and Durkin, St. Patrick's Church, or any staff member. In case of emergency, I grant permission for my child to be given medical treatment as prescribed by a physician or hospital.

Parents' Signature _____ Date _____