

Where:

H K MIDDLE SCHOOL
451 RT. 81
KILLINGWORTH, CT 06419



When:

WEEK 1: JUNE 27 – JULY 1 (CO-ED) (GRADES 3 – 9)

WEEK 2: JULY 5 – 8 (CO-ED) (GRADES 3 – 9)

WEEK 3: JULY 11 – 15 (CO-ED) (GRADES 3 – 9)

WEEK 4: JULY 18 – 22 (GIRLS ONLY) (GRADES 3 – 9)

WEEK 5: JULY 25 – 29 (CO-ED) (GRADES 3 – 9)

Cost:

FEE: \$300 PER CAMPER

A SPECIAL FAMILY RATE OF \$275 PER CAMPER, PER WEEK FOR TWO WEEKS OR TWO CAMPERS; \$250 PER CAMPER, PER WEEK FOR THREE OR MORE CAMPERS OR FOR THREE OR MORE WEEKS.

MADISON HOOP DREAMS CAMP INCLUDES:



- FREE camp t-shirt
- Individual and group instruction in all aspects of the game
- Two games daily
- Top guest speakers with autographs
- Certificate for each camper
- Contests, prizes and trophies
- Scholar-athlete awards
- Outstanding staff (5-to-1 camper to staff ratio)
- Drills to improve your game
- Awards ceremony
- Insurance
- Full-time athletic trainer
- Help with carpool if needed

FORMER SPEAKERS:

Ray Allen | Boston Celtics, retired
 Jerome Dyson | UCONN, Pro in Israel
 Marcus Camby | Portland Trailblazers, retired
 Tina Charles | UCONN, CT Sun
 Jen Rizzotti | University of Hartford Coach
 Renee Montgomery | UCONN, Atlanta Dream
 Lindsay Whalen | University of Minnesota Coach
 Taliek Brown | UCONN Coach
 Katie Douglas | Indiana Fever, retired
 Kemba Walker | UCONN, Charlotte Hornets
 Ryan Gomes | L.A. Clippers, retired
 Tyler Olander | UCONN, MLB-Minors
 Dave Hopla | World's Greatest Shooter
 Jeremy Lamb | UCONN, Sacramento Kings
 Donny Marshall | UCONN, Fox Sports

CALL:

BILL BARKER at 203.245.9766

Mail Payments to: Coach Bill Barker
7 Hamilton Drive
Madison, CT 06443

Information about Madison Hoop Dreams Basketball Camp can be seen at our website:

www.madisonhoopdreams.com

Tell your friends to visit our website for an application.

"MADISON HOOP DREAMS SCHOOL OF BASKETBALL."



FREE: Quick Dry T-shirt and memories to last a lifetime!

Register online @ www.madisonhoopdreams.com

Please fill out and send this form with full payment or a \$100 deposit for each week, made out to: **Madison Hoop Dreams**
Send to: **Coach Bill Barker, 7 Hamilton Drive, Madison, CT 06443**

Name

Address

Town State Zip

Phone #

Emergency Phone #

Grade next September

The above named youth is physically fit to participate in Hoop Dreams Basketball Camp and I authorize the directors to act in their best judgment in any emergency requiring medical attention.

E-mail address for confirmation of payment and additional camp information:

Circle the week(s) you wish to attend:

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Signature (parent/guardian):

Insurance Carrier:

Policy #: