

**CAMP 2018
-GIRLS BASKETBALL-
CLEAR FALLS and
CLEAR LAKE**



Hosted at
CLEAR FALLS H.S.
JUNE 4th– 7h

SESSION I

Entering 1st – 5th
Monday-Thursday
8:00 a.m. – 10:00 a.m.
Enrollment Fee: \$90.00

SESSION II

Entering 6th – 9th
Monday – Thursday
8:00 a.m. – 11:00 a.m.
Enrollment Fee: \$110.00

**Camp will be held at Clear Falls High
School**

**There will be a \$20.00 charge at the
door for late registration**

**Osborne Basketball Camp
4380 Village Way
League City, TX. 77573**

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CLEAR FALLS H.S.
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SESSION II

Entering 6th – 9th
Monday – Thursday
8:00 a.m. – 11:00 a.m.
Enrollment Fee: \$110.00
**Camp will be held at Clear Falls
High School**

-Equipment Needed-

Each camper should wear a t-shirt,
shorts, socks and tennis shoes.
Basketballs will be provided.

-Camp Activities-

Shooting	Ball Handling
Passing drills	Defense
Rebounding	Contest
Competition	Offensive moves

This camp is designed to help student-athletes develop and improve individual skills. Student-athletes will receive instruction on offensive and defensive techniques. The student-athletes will work on skills and implement those skills daily into game play.

The Varsity Elite camp (session III) will consist of varsity team drills and series of 3 on 3 and 5 on 5 scrimmaging.

-Enrollment fee includes-

Quality Instruction
Accidental insurance coverage
Camp t-shirt
Facility rental fees

Camper's may pay @ the door OR
Mail registration form and check to:

4380 Village Way
League City, TX. 77573

Make checks payable to:
OSBORNE's Basketball Camp.

For additional information contact:
Coach Osborne @713-894-4569
sosborne@ccisd.net
Or
Coach Killingsworth @ 832-472-5596
ckillings@ccisd.net

Osborne Girls Basketball Camp

Applicant's Name: _____ T-shirt Size YL S M L XL
Parent/Guardian's Name: _____ Home Phone: _____
Home Address: _____ Grade Fall 2018 _____
Emergency Name: _____ Number: _____
E-mail Address: _____

I hereby authorize the coaching staff of the **Osborne Basketball Camp** to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the camp from any liability for any injuries or illness incurred while at the camp. Each camper will be covered by a group accident insurance policy provided by the **Osborne Basketball Camp**.

"NEITHER THIS ORGANIZATION NOR THIS EVENT IS SPONSORED, ENDORSED OR OTHERWISE AFFILIATED WITH CLEAR CREEK ISD."
Parent/Guardian Signature: _____ Date: _____