



Kent State University Women's Basketball

Team Camp

2010

When: Friday, June 18 – Sunday, June 20

FOR: High School and AAU Divisions (15u and older) ***Students who have completed 8th grade

Fee: Resident Team - \$185.00/Camper

Includes 2 nights in air-conditioned dorms, 4 meals, & T-Shirts

Cost for resident coaches - \$95.00/coach

Commuter Team - \$595/Team

Commuter teams must provide their own meals & will be supplied with up to 10 T-Shirts

Teams – Due to the number of games played during the camp, we strongly suggest a minimum of 8 per team. Each Resident team is strongly encouraged to bring a female supervisor. **The Roster must be turned in by Monday, June 7th, 2010 (email to jweir5@kent.edu or Fax to 330-672-5245)**

Officials – The camp is run in conjunction with Diane Plas College Officiating Camp. Therefore, each game will be officiated by college and high school officials

Registration Deadline – Because of the great response in the past, your registration must be postmarked by **Wednesday, June 2nd**. **A \$350.00 Non-Refundable deposit is required to reserve a spot in the camp.** No registration will be taken with out a deposit!

To secure your teams slot in this years camp please send the \$350.00 non-refundable deposit with this letter or the attached roster with Full payment. All payments are made payable to :KSU Women's Basketball

Send to: Kent State University

C/O Julie Gott –Sports Camps
2227 Summit Rd – Field House
Kent, OH 44242

School/AAU Team Name: _____ Head Coach: _____

EMAIL: _____ (Email is the primary source of communication please make
sure you print clearly a current email address)

Cell Phone: _____ Home Phone: _____

Resident Team : _____ Commuter Team : _____ (Please check with an "X")

Division : 1 2 3 4 (if a HS team) Circle one of the following: Varsity JV 15u 16u 17u 18u

2009-2010 Team Record: _____

Outstanding Balance is due at or before check-in – Friday, June 18, 2010

For additional information please call – Julie Weir -330-672-8545 (jweir5@kent.edu)



Kent State University Women's Basketball Team Camp

Roster

School: _____

Address: _____ City: _____ State: _____

Zip: _____ School Phone: _____

Number of Overnight Campers: _____ (\$185 per Camper)

Please check if Commuter Team: _____ (\$595 per Team)

All my players have completed the 8th grade- YES NO

Staying in dorm (\$95 per Coach)

Yes No Male

Female

Head Coach: _____

Asst. Coach: _____

Asst. Coach: _____

Asst. Coach: _____

Head Coach's Email Address: _____

(Please print clearly – this is the main form of communication and where schedules will be sent!)

Work #: _____ **Home #:** _____ **Cell #:** _____

Total # of Players: _____ **Total # of coaches in dorm:** _____ **Total Amount of Check:** _____

PLAYERS NAMES

T-Shirt Size

- | | | | | | | |
|------------------|-------------|---|---|---|----|-----|
| 1. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 2. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 3. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 4. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 5. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 6. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 7. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 8. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 9. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 10. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 11. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 12. First: _____ | Last: _____ | S | M | L | XL | XXL |
| 13. First: _____ | Last: _____ | S | M | L | XL | XXL |

14. First: _____ Last: _____ S M L XL XXL

Checks Payable to: KSU Women's Basketball Send to: KSU, C/O Julie Gott- Sport Camps, Field House, Kent, OH 44242

Contact us: 330-672-8545 jweir5@kent.edu or lbodnar@kent.edu Fax: 330-672-5245