CLEAR FALLS HIGH SCHOOL
HOME OF THE KNIGHTS

Osborne Basketball Camp
4380 Village Way
League City, Texas 77573

CAMP 2011
-GIRLS BASKETBALL-

CLEAR FALLS H.S.
JUNE 20– 23

SESSION I
Entering 1st– 6th
Monday-Thursday
8:00 a.m. – 11:00 a.m.
Enrollment Fee: $85.00
Advanced 6th graders may move up to Session II with permission from Coach Osborne.

SESSION II
Entering 7th – 9th
Monday – Thursday
8:00 a.m. – 12:00 pm.
Enrollment Fee: $95.00

Camp will be held at Clear Falls High School

CAMP 2011
-GIRLS BASKETBALL-

CLEAR FALLS H.S.
JUNE 20-23

CLEAR FALLS H.S. GYM

SESSION I
Entering 1ST – 6th
Monday-Thursday
8:00 a.m. – 11:00 a.m.
Enrollment Fee: $85.00

SESSION II
Entering 7th – 9th
Monday-Thursday
8:00 a.m. – 12:00 p.m.
Enrollment Fee: $95.00

-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.

-Enrollment fee includes-

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

Campers may pay @ the door OR
Mail registration form and check to:

4380 Village Way
League City, Texas 77573

Make checks payable to:
OSBORNE's Basketball Camp.

For additional information contact:
Coach Osborne @713-894-4569
sosborne@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 2011 _____
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.*

Parent/Guardian Signature: _____ Date: _____