



Women's Basketball
High School Position Camp
Post Players: June 18-19, 2010
Perimeter Players: June 14-15, 2010

Camp Info: Players will be divided into small workout groups according to their individual position and will receive 10 hours of specialized instruction for that specific position from CSU-Pueblo players and coaching staff. Each session will also include competitive games and contests in which players can showcase their talents and practice their new skills.

Ages: 9th – 12th grade

Sessions: Session 1: Day 1 1:30 – 4:00 pm ** Please Arrive at 1:00 pm for registration
 Session 2: Day 1 6:00 – 8:30 pm
 Session 3: Day 2 9:00 – 11:30 am
 Session 4: Day 2 1:30 – 4:00 pm

Location: Massari Arena on the campus of CSU-Pueblo

Commuter Camper: \$100.00 if registered on or before June 5, 2010/ \$110.00 if registered after June 5, 2010

Overnight Camper (includes one night in the dorm/3 meals)

\$150.00 if registered on or before June 5, 2010/ \$160.00 if registered after June 5, 2010

If you desire dorm space to stay please contact Coach Haywood at 719-549-2572 to make arrangements

2010 Camp Application

Mail completed application form and camp fee to:

Colorado State University – Pueblo Women's Basketball
2200 Bonforte Blvd., Pueblo, CO 81001

Camper Information

Name: _____ Shirt Size: Youth or Adult - S M L XL

Address: _____

City: _____ ST: _____ Zip: _____ Email: _____

Age: _____ Fall '10 Grade: _____ Fall '10 School Attending: _____

Position: Post or Perimeter ***If Perimeter - Wing or Point Guard

Overnight Camper: Y or N

Parent/Guardian Information

Name: _____ Home Phone: _____

Emergency Phone: _____ Parent's Email: _____

Medical Information

Doctor: _____ Phone: _____

Date of Last Physical: _____ Insurance Provider: _____

Parent's Release for Medical Treatment

I approve of my child's attendance at the CSU-Pueblo Thunderwolf Women's Basketball Camp and certify that she is in good health and able to participate in all camp related activities. I hereby authorize the director(s) of this camp to act for me according to their best judgment in any emergency requiring medical attention, including treatment by a medical professional.

 Parent/Guardian Signature Required

 Date