



LANCER BASKETBALL SKILLS CAMP

For Girls Entering Grades 3 - 8

August 3 - 7, 2015

9:00 am-Noon @James W. Parker Middle School

CAMP FEE

\$65.00 / camper

2 or more siblings = \$55 each

DAILY SCHEDULE

9:00 - 9:15 a.m.	Shoot Around/Individual Help
9:15 - 9:30 a.m.	Stretch / Warm-up
9:30 - 9:45 a.m.	Ball-handling Drills
9:45 - 10:00 a.m.	Dribbling Drills
10:00 - 10:05 a.m.	Water Break
10:05 - 10:20 a.m.	Passing Techniques/Drills
10:20 - 10:50 a.m.	Shooting Techniques/Stations
10:50 - 11:05 a.m.	Defensive Techniques/Drills
11:05 - 11:10 a.m.	Water Break
11:10 - 11:40 a.m.	5-on-5 Games (divided by grades)
11:40 - 12:00 p.m.	Fun Games/Competitions

Questions? Contact Sarah Jay, GM Varsity Basketball Coach
at (814)734-4317 or email at sarah34jay@gmail.com

The General McLane

Girls' Basketball

Program wants to

promote our sport to

younger girls. We believe in the importance of fundamentals and no one is too young or too old to learn and improve. This camp focuses on teaching fundamentals and encouraging skill development in all aspect of the game. Campers will participate in drills, individual instruction and team settings. Games will played with the campers divided into three divisions:

Grades

3-4, 5-6,
and 7-8.



GIRLS BASKETBALL



Please fill out, detach lower portion and return with your payment

Name _____ Age _____ Date of Birth _____

Home Address _____ City, State, Zip _____

Home Phone _____ Emergency Contact _____ Emergency Phone _____

School Attending _____ Fall of '15 Grade _____ T-shirt size **Adult** S M L XL **Youth** S M L

Send application and check (made out to): **Lady Lancer Basketball Boosters**, 303 Shelhamer Circle, Edinboro PA 16412

I certify my daughter(s) has no injury which could jeopardize her well-being by participating in the basketball activities of the General McLane Girls' Basketball Camp. It is understood that General McLane School District, the directors, or anyone connected with the school will not assume any responsibility for accidents. medical or dental, or any other expenses incurred as a result of accidents.

Parent or Guardian's Signature _____

Date _____