

- **CAMP DATES:**

Saturday, Oct. 28th and Sunday, Oct. 29th

- **CAMP LOCATION:**

Covington Middle School,
3700 Convict Hill Road, Austin, Texas

- **CAMP SCHEDULE:**

Saturday Schedule

2:00pm to 6:00 pm; grades 6th thru 12th

Sunday Schedule

2:00pm to 6:00 pm; grades 6th thru 12th

- **CAMP GOAL:**

To prepare Middle and High School boys and girls for their upcoming seasons by focusing on all aspects of basketball; shooting, ball-handling, offense, defense, fast break, and position break down drills.

- **ELIGIBLE PARTICIPANTS:**

Boys and Girls who are currently in grades 6th through 12th are eligible to participate.

- **ABOUT BRANDY PERRYMAN:**

- 4.0 G.P.A and Valedictorian of High School Class. 1994
- GTE District 5 Academic All-American. 1997
- Finished career as UT's 4th all-time in 3 pointers made (210)
- 3-time First Team Academic All-Conference. 1995-1998
- Played 122 consecutive games for school record at UT.
- UT's all-time most accurate free throw shooter at 90% (183-204).
- Played on 3 NCAA Tournament teams and one Sweet 16 Team.
- Four year letterman at UT (1994-1998)
- All-time career leading scorer, assists, and steals at Garden City High School.



- **CAMP COST:**

The camp cost is: \$75.00 if registered prior to October 13th, registrations mailed after October 13th will be \$100.00.

- **CONTACT BRANDY PERRYMAN:**

bperryman13@yahoo.com or (512) 799-8891

- **MAIL CHECKS TO:**

Brandy Perryman Shooting Camp
P.O. Box 684175, Austin, Texas 78768

Camper's Name _____
(Last) (First) (Int.)

Email Address (mandatory) _____



Street Address _____ Home Phone () _____

City _____ State _____ Zip _____ Sex M F

Grade (as of 9/06) _____ Age _____ Height _____ Weight _____

Name of School (9/06) _____ Coach's Name _____

Parent or Guardian's Name _____ Work Phone () _____

I/We, the undersigned, hereby certify that I (We) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek during the period of the camp appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness.

I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge the Brandy Perryman Shooting Camp and it's staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained during participation in camp activities or while at camp, whether or not damages, injury or loss are due to negligence. Campers will not be allowed to participate unless the information is submitted and the form signed by the parent or guardian and the camper.

Parent or Guardian Signature _____ Date _____

Participant's Signature _____ Date _____

Brandy Perryman Mini-Camp Cost**Camp cost if mailed prior to October 13th: \$ 75.00. Camp cost after October 13th: \$ 100.00*****-make checks payable to-***
Brandy Perryman Shooting Camp***-mail this application and check to-***
P.O. Box 684175, Austin, Tx 78768