### Coaches

- Wavier and Release form will be sent to each coach for each parent to sign.
- Send All Payments for camp in one check. (No individual checks or cash from individual campers) Cash or check accepted from coach.

Please make checks payable to:

SMB B-Ball Inc.

**Mail Payment to: Coach Sal Buscaglia Robert Morris University Women's Basketball Team Camp 6001 University Boulevard Moon Township, PA 15108** 

**Robert Morris University Women's Basketball** 

**5001 University Boulevard** Moon Township, PA 15108 **Feam Camp Information Enclosed** 

## 2016 **Robert Morris** University Girls Basketball Team Camp

Moon Township, Pa.

Only 20 Minutes from downtown Pittsburgh and 1 mile from Airport.

Only \$55 per player

Minimum 5 games for the weekend

> Varsity and **Junior Varsity** High School Divisions

### Session I

Saturday, June 25th-Sunday, June 26th

Session II

Saturday, August 6th-Sunday, August 7th Early Payment Discount Pay Deposit by March 1st For \$50.00

Discount

# 2016 Robert Morris University Women's Basketball Team Camp PAY DEPOSIT OR FULL FEE BY March 1ST TO RECEIVE ADDITIONAL \$50 OFF

Session I
Saturday June 25th -Sunday June 26th
Session II

Saturday August 6th-Sunday August 7th

# **\*ONLY \$55 PER PLAYER\***

NO minimum or maximum amount of players, however, minimum charge is for 10 players.

### **INTERESTED IN STAYING OVERNIGHT - OPTIONAL**

Session I - On Campus Housing: It is only \$18 per player, and each adult/coach supervisor.

\*\* Session II Off Campus Housing: Hotels - Less than 1 Mile From Campus

Special Hotel Team Camp Rates Reserve Early: Limited Space \*\*

Call or email us for details about hotels

**Certified Officials** 

**VARSITY AND JUNIOR VARSITY DIVISIONS** 

### **RESERVE YOUR TEAMS PLACE NOW**

\$100 Dollar Team Deposit due by March 1 st for Session I and June 1st for Session II

To Receive \$50.00 Discount

MORE INFORMATION CALL 412-397-4963 or EMAIL at RMUTEAMCAMP@YAHOO.COM

#### Coach Sal Buscaglia's Robert Morris University Team Camp 2016

Team Name	
Coaches Name	
Coach Address	
Coaches E-mail (print very clearly)	
Coaches Home # ( )	
Coaches Cell #( )	
Division: JV Varsity	
Please fill out a separate registration form for each sion and each team participating. If having two tear JV and Varsity, fill out two forms. Feel free to make ies.	ses- ns, a cop-
Session Attending: (check one or both)  ☐June Camp Sat. 6/25 – Sun. 6/26  ☐Commuter ☐Resident  Fee: \$55 x per player # = \$	
□ August Camp Sat. 8/6 – Sun. 8/7 □ Commuter □ Resident (At Hotel)	
Fee: \$55 x per player # = \$	
Total Cost \$	
Less Deposit \$	
Early Payment Discount \$	
Balance Due\$  Please make checks payable to SMB B-BINC.  Note: Coaches: Please collect money from players and s	
ONE CHECK for denseit and ONE CHECK for the lance due	

Note: Coaches: Please collect money from players and send in ONE CHECK for deposit and ONE CHECK for balance due (payable first day of camp) for each team and each session. Minimum charge is for 10 players (although you can participate with less.)

See Reverse Side for Mailing Address