JOHN FINKE'S 23rd ANNUAL

FAST BREAK BASKETBALL CAMP

"2 Special Weeks of Basketball"

CONTESTS GAMES Teamwork FUN!!

Credit Cards accepted at in-person registration.

WHERE: WEST MILFORD HIGH SCHOOL GYMNASIUM (Drop-off and pick up)

WHEN: JULY 7-11 & JULY 14-18 - Monday-Friday

Player evaluations

TIME: ALL SESSIONS- 8:30 – 3:30

WHO: BOYS AND GIRLS- {BOTH WEEKS ARE COED} {GRADES 1-11}

COST: $200.00 PER WEEK- >>>>>>>INCLUDES: <<<<<<<<

T-SHIRT, SPORTS BAG, PRIZES, DRINKS, ICE CREAM & WATERMELON

{FAMILY DISCOUNT: $360.00 for 2ND Child, $500.00 for 3rd Child, $550.00 for 4th Child}

WHAT TO BRING: Lunch, (Snacks will be sold during lunch), sneakers, shorts, and t-shirt or tank top.

**Note: Pizza will be sold everyday except Monday.

*For more information call John Finke at 973-951-1171 {evenings} or Bob Henry at 973-728-3405 or Email: john.finke@wmtps.org OR bobhenrynj@gmail.com

Check out our Facebook page or our webpage at www.fastbreakbasketballcamp.com

ALL SKILL LEVELS ARE WELCOME (FROM BEGINNER TO THE HIGH SCHOOL PLAYER)

REGISTER EARLY SO YOU WON'T MISS OUT ON THE BEST SUMMER CAMP IN THE AREA!

CAMP DIRECTOR- John Finke

24th YEAR, OVER 300 CAREER WINS, 6 LEAGUE CHAMPIONSHIPS, COACH OF THE YEAR 10 TIMES

You will not receive any confirmation from the Fast Break Camp. Your cancelled check is your confirmation.

---------- Detach----------Detach----------

ENROLLMENT APPLICATION 2014

Camper Name: _____ (M / F) Date of Birth_____ Grade In Sept_____

Age as of July 1_____ Home Phone: _____ Cell#'s: _____

Address_____ Work Phone: _____

Email _____

Please circle week desired: Week 1: July 7 – 11 / Week 2: July 14 – 18

T-Shirt Size: (please circle one) YOUTH SIZES: YM (10-12) YL (12-14) ADULT SIZES: S M L XL XXL

I understand that any camper that does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse. Camp will not be responsible for any injury or illness if same was not caused through fault of the camp. I hereby authorize the director of the camp or his designee to act for me in accordance to their best judgment in any emergency if I cannot be contacted. I hereby state that my son/daughter is in good health and able to perform any necessary physical tasks of the camp.

Signature of parent or guardian_____Date_____

Please make checks payable to: FAST BREAK BASKETBALL CAMP

Mail to:>>>>>>>>>>>>>>>>>>>>>*P.O. Box* 522, *West Milford, N.J. 07480*