



# Greater Phoenix Basketball Spring Break Camp March 21 – 24, 2016

March 21 – 24, 2016, Greater Phoenix Basketball will run a 4 day, Spring Break Camp for boys and girls in grades 3 thru 8. Second grade players who are comfortable on the regulation size baskets may also attend the 3rd grade session. The focus will be on skill development and fun during the 3 hour daily camp which will include lots of contests, including Bump Out, Hot Shot, 3 Point Shootout, Pressure Free Throws, Watermelon, Dribble War, Sharks & Minnows, 1v1, 2v2, 3v3, 5v5 tournament formats and relay races. All contests will be fun and competitive.

### Camp Details:

- ◆ Complete this registration form and bring it 15 minutes prior to the start of your session with fee
- ◆ Cost - \$140 (Exact Cash or a Check made payable to Greater Phoenix Basketball)
- ◆ Each session is 3 hours long, wear basketball or tennis shoes and loose comfortable clothing
- ◆ Bring your own basketball (Put your name and phone number on the ball), bring water only
- ◆ Location - The old Desert Arroyo Gym (Now Bella Vista) located at 33401 North 56th Street

### Greater Phoenix Basketball Spring Break Camp Schedule

**Monday, March 21 thru Thursday, March 24, 2016**

**9:00am – 12:00pm, Daily – Grades 3 thru 5**

**12:30pm – 3:30pm, Daily – Grades 6 thru 8**

Greater Phoenix Basketball Phone: 602-751-1125 ♦ Email: [GreaterPhoenixBasketball@gmail.com](mailto:GreaterPhoenixBasketball@gmail.com)

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### Greater Phoenix Basketball Spring Break Camp Registration Form

Player Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*This camp is sponsored by Desert Foothills Basketball. I give my permission for my child to participate in all DFAC and Greater Phoenix Sports activities. I give permission for the Desert Foothills Basketball Club or Greater Phoenix Sports to seek emergency help if necessary. I agree to allow my child to be treated by a licensed physician if necessary and assume all costs related to such treatment.*

### Greater Phoenix Basketball Use Only

Amount \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_ Member Initials \_\_\_\_\_