

GENERAL INFORMATION

We have a fundamental play camp. Our players are constantly instructed in the basics of basketball. Players interested in attending our camp can complete the registration form and return it with the appropriate fee.

Bring a Friend.

Coach Waleski..... 570-457-1206
Coach LoBrutto..... 570-654-8030

E-MAIL ADDRESS

stanwaleski@yahoo.com

E-mail Coach Waleski with any questions.

PLAYER GROUPINGS

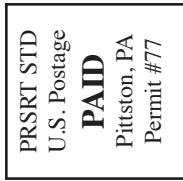
Players are grouped according to age and grade within each camp in Boys and Girls Divisions. Players are never overmatched during instruction, team play and competitions.

CAMP CONFIRMATIONS

Camp Confirmations are mailed to registered players approximately one to two weeks prior to their scheduled camp.

Walk in registrations are welcome.

Early Registration Discounts to June 15, 2018



Or Current Address



717 Main Street
Avoca, PA 18641



FOR BOYS & GIRLS GRADES K-8
June 25 thru August 3

DIRECTED AND STAFFED BY

*STAN WALESKI - Former Head Basketball Coach
at Pittston Area High School*

*CHARLES LOBRUTTO - Former Assistant Basketball Coach
at Pittston Area High School*

Located at

ST. JOSEPH'S OBLATES GYM
State Highway • Rt. 315, Laffin

BASKETBALL CAMP SCHEDULE

Boys & Girls Camp Grades K, 1, 2, 3, 4

June 25-29	9:00 A.M. to 12:00 Noon
July 9-13	9:00 A.M. to 12:00 Noon
July 16-20	9:00 A.M. to 12:00 Noon

Boys & Girls Camp Grades 3, 4, 5, 6, 7, 8

July 23-27	9:00 A.M. to 12:00 Noon
July 30-August 3	9:00 A.M. to 12:00 Noon

Early Registration Discounts to June 15, 2018

BASKETBALL INSTRUCTION PROGRAM

•• Individual Instruction ••
In Offensive and Defensive
Fundamentals

- Shooting
- Passing
- Defense
- Tournaments
- Ball Handling
- Dribbling
- 3 on 3 Play
- 5 on 5 Play

• TEAM INSTRUCTION •

Players will receive team instruction during three on three and five on five league play. All games are supervised with coaches and referees.

• CAMP TOURNAMENTS •

- Shooting
- Free Throws
- One on One
- Three on Three
- Five on Five

Early Registration Discounts to June 15, 2018

CAMP INFORMATION

• LOCATION •

ST. JOSEPH'S OBLATES GYM

State Highway • Route 315
Laflin, PA 18702

**THE ST. JOSEPH'S OBLATES GYM
HAS EASY ACCESS AND FREE PARKING**

FEE

- **\$60.00** per camp, per player.
- **\$55.00** per camp, per player with more than one per family attending camp.
- **\$55.00** per camp, per player for attending more than one camp week.
- **\$50.00** per camp, per player for players registering before June 15, 2018.
- **Group Rates** are also available.

PAYMENT

Make checks payable to:
Stan Waleski Basketball Camp
717 Main Street
Avoca, Pennsylvania 18641

E-Mail: stanwaleski@yahoo.com
Web: stanwaleski.com

Bring a friend!

MEDICAL

The parental insurance and medical form on the application must be properly completed. Any requirements for hospitalization will be handled by private ambulance, at the expense of the parent. If students have particular medical problems, they must notify the camp director.

APPLICATION

Check Weeks

BOYS AND GIRLS CAMP GRADES, K, 1, 2, 3, 4

[] June 25-29 9:00-Noon [] July 9-13 9:00-Noon [] July 16-20 9:00-Noon [] July 23-27 9:00-Noon [] July 30-Aug. 3 9:00-Noon

BOYS AND GIRLS CAMP GRADES 3, 4, 5, 6, 7, 8

[] July 23-27 9:00-Noon [] July 30-Aug. 3 9:00-Noon

Name of Camper _____

Address _____

City _____ State _____ Zip _____ T-Shirt Size: Youth L, Adult S M L XL

Residence Phone (____) _____ Emergency Phone (____) _____

Birthdate _____ Age _____ HT _____ WT _____ School Attending _____

Name of Coach _____ Email _____ Grade _____

PARENTAL INSURANCE AND MEDICAL FORM (To Avoid an Application Return Fee, Fill Out Completely)

I understand that Stan Waleski Basketball Camp does not carry medical or accident insurance for students, and hereby certify that my child, (_____) is covered by a personal insurance policy or is included in a policy which I have in force. Further, I authorize routine medical dispensary care for the above-name student; and I authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense.

Parent's Name _____ Address _____

Medical Insurance Company _____ Policy I.D. Number _____

Date _____ Parent's Signature _____

• Full payment must accompany application. • All players receive a free camp T-Shirt.

• Please make checks payable to: STAN WALESKI BASKETBALL CAMP

• For Information Call 457-1206* 654-8030

MAIL TO:

STAN WALESKI BASKETBALL CAMP
717 Main Street
Avoca, PA 18641