

# KYLE TOLIN | UAM BOLL WEEVIL BASKETBALL CAMPS



## SHOOTING CAMP

JUNE 21-23  
 MONDAY - WEDNESDAY  
 9:00AM - 12:00PM  
 GRADES: 1<sup>ST</sup> THRU 8<sup>TH</sup>  
 Both Boys and Girls  
 COST: \$80

## INDIVIDUAL CAMP

JUNE 28-30  
 MONDAY – WEDNESDAY  
 9:00AM – 12:00PM  
 GRADES: 1<sup>ST</sup> THRU 8<sup>TH</sup>  
 Both Boys and Girls  
 COST: \$80

DEFENSIVE CONCEPTS | INDIVIDUAL OFFENSIVE MOVES /SHOOTING  
 SETTING AND RECEIVING SCREENS | BALL HANDLING AND DRIBBLE MOVES  
 REBOUNDING, PASSING AND RECEIVING | TOTAL PLAYER DEVELOPMENT

**Please Circle which camp(s) you will be attending:**

Shooting Camp June 21-23 | Individual Camp June 28-30

**REGISTER: ONLINE [WWW.UAMBASKETBALL.COM](http://WWW.UAMBASKETBALL.COM) OR MAIL-IN FORM BELOW**

For more info, contact:

Kyle Tolin 870-460-1258; tolin@uamont.edu | Kris Johnson 870-460-1604; johnsonkl@uamont.edu

Name \_\_\_\_\_ Grade (going into) \_\_\_\_\_ T Shirt Size \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

**Please Make checks out to: UAM Basketball Camp/Kyle Tolin, UAM PO Box 3499, Monticello, AR 71656**

**MEDICAL RELEASE:** I hereby authorize the directors of the Kyle Tolin/ Boll Weevil Camp to act for me according to their best judgment in any emergency requiring medical attention.

Parent/Guardian \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Group Name \_\_\_\_\_

Policy # \_\_\_\_\_

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING,

SIGNATURE of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_