JUNIOR TITANS BASKETBALL GAMP











Dates: Sept. 15 & 22, 29 Oct. 6

Time: 3:30 - 5:30

Cost: \$120 (includes all 4 dates, a t-shirt, & free admission to select UWO basketball games for camper & 1 adult)

Location: Kolf Fieldhouse, 785 High Ave, Oshkosh, WI

Who: Camp is open to boys and girls in K-8th

Reasons to Attend:

- **1.** Quality Instruction & Individual Attention: Camp will be led by both the UW-Oshkosh Men's and Women's Basketball programs.
- 2. Interact with current college players: Find out what it takes to improve your game!
- 3. FUN! Be around other kids and coaches that love basketball

UW-Oshkosh Men's and Women's Basketball are excited to host Junior Titans again this year! Both programs will work each night of camp. This is the 12th year of Junior Titans. Each year there are over 183 campers that attend. Our main goal is to provide a safe and fun environment for all skill levels to learn and improve in the game of basketball! We are fired up to work with you this fall!

Registration: Registration is available online at **www.uwoshkoshsportscamps.com** OR by mailing form on reverse side with check for \$120. Walk-up registration is available on Sept. 15!

Questions Contact:

Assistant Coach Ian Thom thomi@uwosh.edu (914) 837-7432

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Camper's Name:	Mail Form and payment (\$120) to:
Address:	
City:	lan Thom Kolf Sports Center
St: Zip:	800 Algoma Blvd.
Parent/s' or Guardian/s' Name:	Oshkosh, WI 54901
Parent/s' or Guardian/s' Email:	OR
Parent/s' or Guardian/s' Phone:	Online Registration:
School:	mensbasketball.uwoshkoshsportscamps.com
Age:Grade:	Walk-up registration is available on Sept. 15!!
Gender:	Checks Payable To:
Shirt Size:	UW-Oshkosh Sports Camps
Youth S Adult S	
Youth M Adult M	
Youth L Adult L	
I verify that my child has been checked by a licensed	
physician and is physically able to participate in the	
basketball camp.	
I agree to allow my child to be treated by a licensed	
physician while attending, if necessary, and to assume all	
costs related	
to such treatment. I authorize the disclosure of medical	
information to my insurance company for the purpose of	

claim.

Parent/Guardian Signature: x_____