THE PROGRAM
The Walter Townes Drills and Skills Summer Basketball Camp offers instruction on the development of basic skills, overall knowledge of the game, tactical awareness, and other needs of the growing basketball player.

WALTER TOWNES
Walter Townes has over 20 years of coaching experience in Division I and Division III. He has been an assistant at St. John’s, Rutgers, Columbia, Dartmouth, and Holy Cross. He was voted Coach of the year as a head coach at Clarkson. He just completed his fourth year at Drew University.

CAMP STAFF
The Staff at the Walter Townes basketball camp is comprised of college and high school coaches along with current Drew University players. The staff is dedicated to providing an educational and fun basketball environment for each player. We will also have a certified athletic trainer on location during the day.

FACILITIES
The Walter Townes basketball camp is located on the campus of Drew University in the Simon Forum Athletic Center. There are five full length basketball courts in this state of the art facility.

CAMP SESSION
June 26 to June 30
8:30am (drop off time) – 4:00pm
Boys and Girls ages 7-12
Cost: $250
*Lunch will be provided for each camper.
*There is also a swim session during the day for each camper.
*You may drop your child off as early as 8:30am.
*Please make Checks Payable and mail to:

Walter Townes Basketball Camp Inc.
36 Madison Ave.
Madison, NJ 07940

If you have any questions please call Walter Townes at (973) 408-3719 or Michael Coleman/Suni Blackwell at (973) 408-3956.

To enroll, please complete this registration form and return by June 21, 2006. Enclose a $100 nonrefundable deposit. The balance must be received by June 26, 2006.
*Anyone who participated in Biddy Basketball and also Ranger Club receives a $25 discount. Also, anyone who brings in 5 or more campers will receive a $50 discount. Campers must mention the name of the referral.

REGISTRATION FORM
Name:

Address:

City: __________________
State: ________________
Zip: ___________
Phone: (     ) ___________
Age: ________
DOB__________________
Grade Next Fall:

PARENT CONSENT
I give my consent for the above named registrant to participate in all activities of The Walter Townes Basketball Camp. Further, I authorize the Director and the Athletic Trainer to act for me according to their best judgment in any emergency requiring medical attention.

Parent’s Signature __________________

Date __________________

In Case of Emergency Call ___________________
WAIVER AND RELEASE

We, the undersigned, for ourselves, our heirs, executors and administrators, waiver, release and forever discharge The Walter Townes Basketball Camp, Inc., its staff, officers, agents, representatives, employees, successors and assigns of and from and all right and claims for damages to persons or property which may be sustained or occur during participation in camp activities, or from camp, whether paid damages, injury or loss are due to negligence or not.

______________________
Father or Guardian
Signature

______________________
Mother or Guardian
Signature

______________________
Date

“IF YOU GOT THE SKILLS... WE GOT THE DRILLS!”

“IT’S ABOUT HAVING FUN, FUNDAMENTALS, & FRIENDSHIP!”

WALTER TOWNES BASKETBALL CAMP
At
Drew University
June 26 – June 30

“We don’t count the days, we make the days count!”