

Bret Nichols, Director of high school counseling department, author, motivational speaker and professional basketball player who played in Ireland, England and against the world famous Harlem Globetrotters as player/coach of the New York Nationals is offering the **You Gotta Believe** Basketball Camp with his coaches. The camp will provide:

- Development of basketball fundamentals and competitive games
- Daily contests, prizes, and give-a-ways for each camper
- Award ceremony on final day of camp
- Fully insured, safe environment

Camp will be held at St. John the Evangelist School. Camp is open to girls and boys entering grades 2 – 9. Campers will be competitively split up into age, gender and ability groups to challenge their potential. All rates are per camper. You will receive an email confirmation and your check will be cashed/card charged as soon as we have confirmed camp.

WATERTOWN JULY 16 – 20 *Half Day or Full Day

*NEW FOR THIS YEAR! You have the option to register for Half Day 9:00am – 1:00pm or 1:00pm – 5:00pm or Full Day 9:00am – 5:00pm. Campers should bring food for a short lunch break which will happen toward the end of the first half and into the beginning of the second half to allow time for Half Day camper pickup. Full Day will include new learning, Tournament games and skill building competitions with more prizes to be given out. The Award Ceremony will occur at the end of the Full Day on Friday at 4:45pm for all campers.

HALF DAY ONLINE

HALF DAY MAIL IN/WALK IN

\$170 before April 30	\$185 postmarked before April 30
\$185 before 7/9	\$199 postmarked before 7/9
\$199 after above said deadlines	\$215 after above said deadlines

FULL DAY ONLINE

FULL DAY MAIL IN/WALK IN

\$260 before April 30	\$275 postmarked before April 30
\$290 before 7/9	\$305 postmarked before 7/9
\$320 after above said deadlines	\$335 after above said deadlines

Register Online at www.yougottabelieve.info or mail in form below. For more information email nicholsygb@gmail.com or call (203) 725-6186

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Name(s)		Half Day 9-	1 1-5	or Full Day	Grade(s) in Fall	
Name(s)		Half Day 9-	11-5	c or Full Day	Grade(s) in Fall	
Address		City		State	Zip	
School	Town	Home #	Cell #	En	Emergency #	
Parent Email for Re	gistration Confirm	ation: (please write clearly)				
Do you have medica			NameDr.'s Phoneallergies, required medications, or medical conditions•			
The above named can	nners are physically	able to participate in the You Go	ta Relieve	Raskethall Camp a	nd I will assume all	

The above named campers are physically able to participate in the **You Gotta Believe Basketball Camp** and I will assume all responsibility for any medical expense that may occur as a result of his/her participation at camp. I certify that the director of the camp is in no way liable or responsible for injuries or medical expenses that may occur and authorize the director to act in their best judgment in any emergency requiring medical attention.

Print name of Parent/Guardian Signature Date