

# **RAIDERS BASKETBALL**



## **Summer Basketball Camp**

**When: July 16 thru July 19<sup>th</sup> 2018**

**Time: 6-8:30pm daily**

**Where: Crews Lake Middle School Gymnasium**

**Who: Boys and Girls 4<sup>th</sup> -8<sup>th</sup> grade**

**Cost: \$40 per camper which includes tuition, fees,  
instruction and camp T shirt.**

**Camp Director: Todd Burkhamer-Athletic Director and Head  
Girls Basketball Coach.**

**Coach Burkhamer has over 15 years of coaching experience  
and has worked at many basketball camps throughout his  
career.**

**Each day's instruction will consist of drills, games and  
contests.**

**Registration: Please return Application to:**

**CLMS BASKETBALL ATTN: Todd Burkhamer**

**15144 Shady Hills Road**

**Spring Hill, FL 34610**

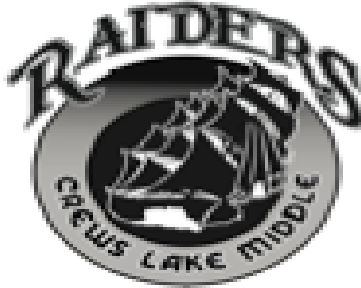
**Checks made payable to:**

**CLMS Basketball Camp**

**For more information please contact**

**Coach Burkhamer at (727) 246-1600**

**SEE OTHER SIDE FOR MEDICAL RELEASE AND OTHER  
INFORMATION**



**CREWS LAKE MIDDLE SUMMER BASKETBALL CAMP**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ phone # \_\_\_\_\_

T Shirt Size: Youth S M L XL

Adult S M L XL

**Attend any two camps Football/basketball for boys or  
volleyball/basketball girls for \$75**

I hereby request that my son/daughter be admitted to CLMS basketball camp and authorize the directors to act for me according to their best judgments in any emergency requiring medical attention for which I shall pay. In addition, I release from liability and hold CLMS or the Pasco County School system harmless from any and all claims for loss of property, personal injury, or death sustained by my son/daughter arising out of any activities conducted at CLMS.

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Signature of Parent/ Guardian

Date: