JEREMIAH TEUSCHER BASKETBALL CAMP 2022



Jeremiah Teuscher Basketball Camp 2022

SESSIONS:

June 13-16 from 8:30 - 11:30 am June 20-23 from 1:00 - 4:00 July 5-8 from 9:00 am – 12 pm

FOR:

5th – 9th Grade Boys (Grade in Fall of 2022)

LOCATION:

Bartram Trail High School

COST:

\$125 per week

PAYMENT INFORMATION:

Venmo @JeremiahTeuscherBasketball Check to Jeremiah Teuscher Basketball LLC

RESERVE

a spot by emailing

Jeremiah.teuscher@stjohns.k12.fl.us

For the past 15 years I have had the privilege to coach basketball at Bartram Trail. It is a special place with a strong tradition in athletics. I am excited that your son will have the opportunity to come to camp this summer. Camp will consist of improving fundamentals, daily challenges, small-sided games, shooting competitions, and 3 on 3 / 4 on 4 / 5 on 5. We will focus on helping campers improve basketball skills as well as teaching important lessons through basketball.

See you at Camp!

Coach Jeremiah Teuscher

JEREMIAH TEUSCHER BASKETBALL CAMP 2022- CAMPER REGISTRATION FORM

Camper N	lame:	
Grade (Fall of 2022): Shirt Size:		
Parent/G	uardian Name:	
Parent/Guardian Email: Parent/Guardian Phone #:		
Relationship: Alternate Phone:		
Camp Ses	ssions (Circle Session/Sessions camp	per will attend)
0	Session 1 June 13-16 from 8:30 am - Session 2 June 20-23 from 1:00-4:00 Session 3 July 5-8 from 9:00 am – 12	
Payment	Information	
•	\$125 per week Checks made out to Jeremiah Teusch Venmo @JeremiahTeuscherBasketb Registration Information can be ema	
Coach Co	ntact Information	
•	Email: <u>Jeremiah.teuscher@stjohns.k</u>	12.fl.us (Please email to reserve spot)
Mailing A	Address for Registration Form & Che	eck
	Attention: Jeremiah Teuscher 7399 Longleaf Pine Parkway St. Johns, Florida 32259	
acknowled for me ac responsib	dge the fact that he is physically abl cording to their best judgment in an ole for any cost (through family med	n for my child to participate in the Jeremiah Teuscher Basketball Camp. I e to participate in camp activities. I authorize the directors of the camp to act y emergency requiring medical attention. I acknowledge that I will be ical insurance or otherwise) due to sickness or injury to my son. I hereby waive euscher Basketball Camp and the institution providing the facilities.
Parent/Guardian Signature:		Date:
Parent/Guardian Printed Name:		Phone #: