



Junior Titans Basketball Camp



Dates: Sept. 17 & 24, Oct. 1 & 8

Time: 4:00 - 6:00

Cost: \$115 (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 eleventh year of Junior Titans. Each year there are over 125 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 \$115. Walk-up registration is available on Sept. 17!!

Questions Contact:
jonesk@uwosh.edu

Assistant Coach Kyle Jones
(262) 309-3684



Junior Titans Basketball Camp

Camper's Name: _____
Address: _____
City: _____
St: _____ Zip: _____
Parent/s' or Guardian/s' Name: _____
Parent/s' or Guardian/s' Email: _____
Parent/s' or Guardian/s' Phone: _____
School: _____
Age: _____ Grade: _____
Gender: _____
Shirt Size:
Youth S _____ Adult S _____
Youth M _____ Adult M _____
Youth L _____ Adult L _____

Mail Form and payment (\$115) to:

Kyle Jones
Kolf Sports Center
800 Algoma Blvd.
Oshkosh, WI 54901

OR

Online Registration:
mensbasketball.uwoshkoshsportsamps.com



Walk-up registration is available on Sept. 17!

Checks Payable To:
UW-Oshkosh Sports Camps

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: _____