



Bret Nichols Director of high school counseling office, 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 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. You will receive an email confirmation and your check will be cashed/card charged as soon as we have confirmed camp.

## Camp #18    MONSIGNOR CLARKE    AUG 7 – 11    8am – 12pm

Camp will be held at Monsignor Clarke School.  
Register online or mail in the below form.  
All rates are per camper.

### ONLINE

\$130 before April 30  
\$145 before July 31  
\$160 after above said deadlines

### MAIL IN /WALK IN

\$145 postmarked before April 30  
\$160 postmarked before July 31  
\$185 after above said deadlines

Register Online at [www.yougottabelieve.info](http://www.yougottabelieve.info). For more information email [nicholsygb@gmail.com](mailto:nicholsygb@gmail.com) or call (203) 725-6186

**Please Make Check Payable To: BRET B. NICHOLS** and complete and return this portion of the registration form and send to: *You Gotta Believe*, Bret B. Nichols, 698 Upper Grassy Hill Road, Woodbury, CT 06798.

Name(s) \_\_\_\_\_ Camp #'s (see above) \_\_\_\_\_ Grade(s) in Fall \_\_\_\_\_

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Town \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Emergency # \_\_\_\_\_

Parent Email for Registration Confirmation: (please write clearly) \_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_ Doctor's Name \_\_\_\_\_ Dr.'s Phone \_\_\_\_\_

•Please attach a note indicating any allergies, required medications, or medical conditions•

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 \_\_\_\_\_

Camp photos/videos may be taken. Please email me if you do not want it to appear on social media.