



# 2017 Penn State Behrend 22nd Annual Boy's Summer Basketball Camps

Penn State Behrend will be having 4 great weeks of Boys Basketball Camps this summer and we would love to have you be a part of it.

**When: Day Camps** (for boys entering grades 1-10)

Week 1 - June 19 - 23 - 9:00 am - 3:00 pm

Week 2 - July 24 - 28 - 9:00 am - 3:00 pm

*\*Camp Ends at 12:00 PM on Friday - there is no late pick-up on Friday*

**Little Dribblers** (for boys and girls 4-8 years old)

July 17-20 - 9:00 am - 11:00 am

**Grandview Overnight Camp** (grades 5-12)

June 25 - 28 - *Please call for a separate brochure*

**Visit the website at:** [www.grandviewbasketballcamp.com](http://www.grandviewbasketballcamp.com)

**Where:** The state of the art Junker Center located on the campus of Penn State Behrend

**Costs:** Little Dribblers - \$55 (includes t-shirt; No early drop off or late pick up)

Day Camps - \$150

Grandview - \$275 (includes lodging, meals, and t-shirt)

*\*After May, 31st Grandview Camp price increases to \$295*

A \$10 discount is available for two or more campers from the same family.

**Features:** Outstanding instruction for players of all skill levels. The Behrend Basketball camp is one of the top instructional camps in the region. **Staff is available at 8:00 am for early drop-off and until 4:00 pm for late pick-up.**

Enrollment is limited, so please sign up early. Online registration available at [psblions.com/camps](http://psblions.com/camps)

**For more information or any questions please call Coach Niland at 898-6398**

***Register early, enrollment is limited!***

**All Campers will receive:**

- Reversible Game Jersey (Day camp)
- T shirt (Little Dribblers)
- Basketball
- Skills Packet
- Individual Workout Plan
- Motivational Materials

Please cut along line and mail in

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade next fall: \_\_\_\_\_ School: \_\_\_\_\_

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

Parent Contact/Phone#: \_\_\_\_\_ Emergency contact/Phone #: \_\_\_\_\_

Week attending (please circle): Week 1 Week 2 Little Dribblers E-Mail Address: \_\_\_\_\_

Shirt Size (please Circle): Youth: S M L Adult: S M L XL

**Method of Payment:** Enclosed is check for \$\_\_\_\_\_ payable to **Penn State Behrend Athletics**

Charge \$\_\_\_\_\_ to my (please circle): VISA Mastercard Discover

Card holder's name (please print): \_\_\_\_\_ Card holder's signature: \_\_\_\_\_

Credit Card number: \_\_\_\_\_ Exp. Date: month/year: \_\_\_\_\_

**Final information concerning registration time, etc., will be emailed upon receipt of payment**

**\*Register online at**  
[www.psblions.com/camps](http://www.psblions.com/camps)

**Mail Registration to:** Dave Niland  
Penn State Behrend - Men's Basketball  
5103 Station Road  
Erie, PA 16510

**Very Important:**  
**Insurance Information on the Back**

COMING SOON FOR THE BEST CAMP EXPERIENCE

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## NCAA Tournament

2014  
2013  
2011  
2008  
2005  
2004  
2000 "Elite Eight"



## AMCC

2015 Regular Season Champions  
2014 Champions  
2014 Regular Season Champions  
2013 Champions  
2008 Champions  
2008 Regular Season Champions  
2005 Champions  
2004 Regular Season Champions  
2003 Regular Season Champions  
2000 Regular Season Champions  
1999 Regular Season Champions  
1998 Champions



## ECAC Tournament

2017 Finals  
2016  
2015  
2012  
2010 Southern Champions  
2009  
2007 Finals  
2006  
2003  
2002  
1999 Southern Champions  
1998  
1997  
1992  
1989

If you wish to be taken off the camp mailing list please email [cjk58@psu.edu](mailto:cjk58@psu.edu). Thank you!

### I understand that:

1. No camper will be permitted to enroll until acceptable medical information is provide.
2. I am hereby releasing the college from any and all liability for any injuries incurred by my child while attending camp.
3. I am hereby representing to the college that I will have adequate health insurance on my child while he is attending camp. (The college does **not** provide any health insurance.)
4. I will pay all costs incurred by the college as a result of any failure by my child to respect and maintain camp facilities and/or observe camp rules and regulations.

### Insurance Information

Parent/guardian signature: \_\_\_\_\_

### Health Information

Health Insurance Provider: \_\_\_\_\_ Policy number: \_\_\_\_\_

Practicing physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother/guardian name: \_\_\_\_\_ Father/guardian name: \_\_\_\_\_

Mother/guardian phone #: \_\_\_\_\_ Father/guardian phone #: \_\_\_\_\_

Allergies of note: \_\_\_\_\_

Medications and times to be taken: \_\_\_\_\_

It is understood that Penn State Behrend, the directors, or anyone connected with the college will not assume any responsibility for accident (medical or dental) or any other expenses incurred as a result of accidents. The college is also not responsible for lost equipment