



Bret Nichols , K-12 School Counseling Director in Newtown,
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 again 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.

Camper's 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 #20	NEWTOWN	JUNE 24 – 28	8AM – 12PM
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Camp will be held at St. Rose School.
Register online or mail in the below form.
All rates are per camper.

ONLINE

MAIL IN /WALK IN

\$145 before June 17
\$160 after above said deadlines

\$160 postmarked before June 17
\$185 after above said deadlines

Register Online at www.yougottabelieve.info. For more information email 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 _____

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

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.