



Our Location

Backcourt Hoops at Riverfront Sports
& our New Facility Backcourt Hoops 2
at Electric City Plaza (at old Ice Box)



Backcourt Hoops
5 West Olive Plaza
Scranton PA 18508
570-558-3833 Fax 570-558-3835
www.backcourthoops.com

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RETURN SERVICE REQUESTED

Backcourt Hoops
5 West Olive Plaza
Scranton PA 18508

TO BE REMOVED from our Mailing List Email Tzwiebel@backcourthoops.com Subject: Remove and your full name



2011 Summer Basketball Camps & Clinics



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Junior Basketball Camp

Our boys and girls instructional program centers on individual instruction in the fundamentals of basketball. Ball handling, individual defense, shooting, offensive moves, individual improvement and conditioning

Kindergarten thru 4th Grade Fall 2011

For Boys & girls Cost \$75.00

Camp #		
K1	Jun 27-30 at BCH Riverfront	9:00 - 12:00
K2	July 11-14 at BCH Riverfront	9:00 - 12:00
K3	July 18-21 at BCH Riverfront	9:00 - 12:00
K4	July 25-28 at BCH Riverfront	9:00 - 12:00
K5	Aug 1-4 at BCH Riverfront	9:00 - 12:00
K6	Aug 8-11 at BCH Riverfront	9:00 - 12:00
K7	Aug 15-18 at BCH Riverfront	9:00 - 12:00
COST \$75 pre-registered & paid \$80 walk up if space available		

Sports & Fitness Camp

Full Day 2nd-6th Grade Boys & Girls

Kickball, Soccer ,Volleyball, Basketball ,Frisbee, Agility runs , Jump Rope, Fitness course & Sports/Fitness Theory including Diet and nutrition, Sportsmanship, Exercise theory & More...

Camp #		
SF1	July 11-14 at BCH Riverfront	9:00 - 4:00
SF2	Aug 8-11 at BCH Riverfront	9:00 - 4:00
COST \$135 pre-registered & paid \$145 walk up if space available. Bring lunch or purchase from snack stand .		

NE Alliance Volleyball Camp

7th thru 12th Grade For Boys & girls Fall 11

Camp #		
VB1	June 20-23 BCH Girls	8:45- 12:15
VB2	June 20-23 BCH Boys	12:45- 4:15

Cost \$80 Includes Camp T-shirt

nealliance.wikispaces.com

www.backcourthoops.com

Amber Jacobs B-Ball Camp

Asst AD & Coach Baptist Bible College
& former WNBA Player

5th thru 9th Grade For Boys & girls Fall 11

Camp #		
AJ1	June 27-30 BCH Riverfront	12:45- 4:15
Cost \$85 pre registered & Paid \$95 Walkup if space available		

Dave Martin Basketball Camp

AD & Coach Misericordia University

5th thru 9th Grade For Boys & girls Fall 11

Camp #		
DM1	July 18-21 BCH Riverfront	12:45- 4:15
Cost \$85 pre registered & Paid \$95 Walkup if space available		

Pat Shields Basketball Camp

Head Coach North Pocono High School

5th thru 9th Grade For Boys & Girls Fall 11

Camp #		
PS1	July 25-28 BCH Riverfront	12:45-4:15
Cost \$75 pre registered & Paid. \$85 Walkup if space		

Andrew Kettel Basketball Camp

Head Coach Lackawanna Trail

5th thru 9th Grade For Boys & Girls Fall 11

Camp #		
AK1	Aug 1-4 At BCH2 (old Ice Box)	12:45-4:15
Cost \$75 pre registered & Paid. \$85 Walkup if space		

Mike Show Basketball Camp

Head Coach Baptist Bible College

5th thru 9th Grade For Boys & Girls Fall 11

Camp #		
MS1	Aug 8-11 At BCH2 (old Ice Box)	8:45-12:15
Cost \$85 pre registered & Paid. \$95 Walkup if space		

Nothing But Shooting Camp

5th - 9th Grade Boys & Girls Fall 11

Camp #		
NS1	July 11-14 At BCH2 (old Ice Box)	1:00 - 4:00
NS2	Aug 15-18 at BCH Riverfront	1:00 - 4:00
COST \$65 pre-registered & paid \$70 walk up if space available		

Summer Camps 2011 Camp Sessions

<input type="checkbox"/> K1	<input type="checkbox"/> K2	<input type="checkbox"/> K3	<input type="checkbox"/> K4	
<input type="checkbox"/> K5	<input type="checkbox"/> K6	<input type="checkbox"/> K7	<input type="checkbox"/> NS1	<input type="checkbox"/> NS2
<input type="checkbox"/> SF1	<input type="checkbox"/> SF2	<input type="checkbox"/> DM1	<input type="checkbox"/> AJ1	<input type="checkbox"/> AK1
<input type="checkbox"/> MS1	<input type="checkbox"/> PS1	<input type="checkbox"/> VB1	<input type="checkbox"/> VB2	

Registration for the above selected camps Please Print

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Age: _____ Birth Date: _____ Grade: _____

E-Mail _____

Position: _____ Height _____ Weight _____

School: _____ Coach: _____

Health Insurance Co. _____

Group #: _____ Policy #: _____

Payment Information:

Amount Charged: \$ _____

Card #: _____

Name on Card: _____ Exp: _____

Cardholder Signature: _____

My child is in excellent physical health and capable of participating in strenuous physical activity, and waive Backcourt Hoops of any and all responsibilities for injury or illness. I hereby authorize the director of Backcourt Hoops to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide Backcourt Hoops with proof of insurance. I also understand that my payments are non-refundable, non-transferable under any circumstances.

Signature of Parent/Guardian

Date: _____

Mail or Fax to:
Backcourt Hoops 5 West Olive Plaza Scranton PA 18512
Phone: (570) 558-3833 Fax: (570) 558-3835

Office use only:

Amt pd. _____ Date Rec. _____ Balance: _____