

ONE DAY CAMP



Intense 3 Hour Training Sessions Focused on:

- ▶ ball handing
- ▶ dribbling
- ▶ driving
- ▶ finishing
- ▶ shooting form
- ▶ foot work
- ▶ moving without the ball
- ▶ passing
- ▶ post play

Prep for the upcoming season and get better in the summer!

Address:

Minerva Family Life Center
620 East Line St.
Minerva, OH 44657

Grades:

4th - 6th / 7th - 8th

(players will have training based on grade and skill level)

Dates: Sundays

July 15th, Aug 5th, Aug 19th, Sept 9th, Sept 23rd, Oct 7th, Oct 21st

Times:

2:00pm - 5:00pm

Cost:

- 1 Camp = \$45.00 (call for sibling discount)
- 2 Camps = \$80.00 (\$10 off)
- 3 Camps = \$115.00 (\$20 off)
- 4 Camps = \$150.00 (\$30 off)
- 5 Camps = \$185.00 (\$40 off)

Register Online at: www.PBSAtraining.com
Call/Text Brooke for Questions: (330) 323-0806



@preston_skills_academy



@Coach_Preston_



@ Preston Basketball Skills Academy



www.PBSAtraining.com

Player's Name: _____

School: _____

Grade: _____

- Costs:**
- \$45.00 = 1 Camp
 - \$80.00 = 2 Camps
 - \$115.00 = 3 Camps
 - \$150.00 = 4 Camps
 - \$185.00 = 5 Camps

Select Dates:

- Sundays**
- July 15
 - Aug 5
 - Aug 19
 - Sept 9
 - Sept 23
 - Oct 7
 - Oct 21

Total Amount Enclosed: _____

Check payable to: Preston Basketball Skills Academy

SEND THIS FORM AND CHECK TO:

Preston Basketball Skills Academy -OR- Register Online at:
PO Box 2074, Alliance, OH 44601 www.PBSAtraining.com

Parent/Legal Guardian's Name: _____ Phone: _____

Parent's Email: _____

Address: _____ City: _____ Zip: _____

I am aware of the nature of this activity and I hereby assume all responsibility for my child to participate in this event. I will not hold BROOKE PRESTON and/or her employees responsible in the case of accident or injury as a result of this participation. I understand my signature below offers consent and must be in the possession of Brooke Preston (or her associates) prior to participating in this event. I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, or video footage of my child (named above) by Preston Basketball Skills Academy (PBSA). I also grant the right to PBSA to edit, use, and reuse said products for marketing purposes, including use in print, on the internet, and all the other forms of media. All sales are FINAL.

Parent's Signature: _____ Date: _____

Questions? Please contact Brooke Preston at (330) 323-0806 or CoachBrookePreston@gmail.com