



Pacific Lutheran University Women's Basketball Youth Clinics

Saturday March 15, 2008
9:00 a.m. – 11:30 p.m.
& Sunday April 27, 2008
12:00 p.m. – 2:30 p.m.

Clinic Emphasis:

1. To acquire basic knowledge of the playing rules of basketball.
2. To improve individual basketball skills and performance.
3. To have an enjoyable basketball experience.

Ages: Grades 2-7

Cost: \$30 in advance, \$40 week of clinic

Check In: 8:30-9:00 a.m.

Registration: All campers must complete an application; registration will be open through the day of the clinic. A check must accompany all applications (please make checks payable to PLU Women's Basketball). Please specify which clinic you will be attending on the application. Each clinic costs \$30 in advance, \$40 the week of the clinic. Each clinic will have a slightly different format with the same objectives in each. Enrollment will be limited; to secure a position please send your registration as early as possible.

Parents: **First Aid** – A staff member certified in first aid will be on duty at all times.

Camp Staff: Led by Head Coach Kelly Warnke and Assistant Coach Jamie Redd and staffed by the current PLU Women's Basketball team.

For More Information Contact: Kelly Warnke (253) 535-7353 or warnkekm@plu.edu

The PLU Women's Basketball team has adopted "NothingButNets" as a cause they would like to support in the 2007-08 season. \$5 of every registration will go directly to NothingButNets. NothingButNets is an organization that buys bed nets for kids in Africa to prevent malaria transmission by creating a protective barrier against mosquitoes at night, when the vast majority of transmissions occur. You can find more information at <http://nothingbutnets.net/>

** Please remember to bring the waiver/insurance information form with you to the clinic

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YOUTH CLINIC APPLICATION

Complete this application form and mail this portion with a check for the full amount of \$30.00, or \$40.00 week of (check payable to PLU Women's Basketball) to: Women's Basketball, Pacific Lutheran University, Tacoma, WA 98447.

Name _____

School _____

Address _____

City _____ **ST** _____ **Zip** _____

Phone _____

Cell phone _____

E-mail _____

I will attend the clinic on _____ **March 15**
or _____ **April 26**

Parent or Guardian

PLEASE PRINT

Grade: 2 3 4 5 6 7

Sex: Girl / Boy

T-shirt Size:

YM YL S M L

***Upon receipt of this application you will be e-mailed or sent a waiver/insurance form that will need to be completed prior to the clinic. Please complete that waiver and bring it with you the day of the clinic.

Call Kelly Warnke (253) 535-7353 with any questions.