



**17th ANNUAL  
LADY BULLDOG BASKETBALL CAMP  
JUNE 12-June 16, 2017**



**“DREAM BIG”**

**CLINIC INSTRUCTORS: PAUL ASH – GIRL’S COACH  
COACHING STAFF AND VARSITY PLAYERS**

**CLINIC IS FOR GIRLS ENTERING 1<sup>st</sup> - 3<sup>rd</sup> GRADES**  
**COST: \$30 IF PAID BY MAY 31<sup>st</sup> (INCLUDES T-SHIRT & BALL).**  
**\$35 AFTER MAY 31<sup>st</sup> (NO GUARANTEE OF A T-SHIRT & BALL).**

**WHERE: BRIGHTON HIGH SCHOOL (Main Gym)**

**TIMES: (Monday-Friday) 1:00-2:00 (GRADES 1, 2, & 3)**  
**NO CONFIRMATION WILL BE MAILED, PLEASE CALL (517)304-7590 IF YOU WOULD LIKE TO CONFIRM.**

.....  
 (PLEASE KEEP INFORMATION ABOVE DOTTED LINE FOR YOUR REFERENCE, MAIL BOTTOM ONLY)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
 (As of Fall 2017)

**PHONE:** \_\_\_\_\_ **Home** \_\_\_\_\_ **Work** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**\*Campers must provide their own insurance.**  
**\*I hereby authorize the Lady Bulldog Basketball Camp personnel to act for me according to their judgment in any emergency requiring medical attention for my child.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**TYPE OF INSURANCE:** \_\_\_\_\_

**INSURANCE POLICY NUMBER:** \_\_\_\_\_

**\*I do not hold the personnel, Brighton High School, or anyone associated with the Lady Bulldog Basketball Clinic responsible for any injury occurring to my child while under their direction.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**If you have any questions, please call: (517)304-7590.**  
**MAKE CHECKS PAYABLE TO: BRIGHTON GIRLS BASKETBALL.**  
**MAIL BOTTOM OF FORM AND CHECK TO: LADY BULLDOG BASKETBALL CAMP**  
**C/O PAUL ASH**  
**6849 WIDE VALLEY DRIVE**  
**BRIGHTON, MICHIGAN 48116**

**\*THERE WILL BE NO REFUNDS AVAILABLE ONCE CAMP STARTS ON JUNE 12\***