

PLEASE MAIL CAMP FORMS AND PAYMENT TO
Coach Joe Luce, Jeffersonville Basketball/Jeffersonville HS
2315 Allison Lane Jeffersonville, IN 47130

JEFFERSONVILLE RED DEVILS BASKETBALL 2015

**FOR
ELEMENTARY
BOYS
GRADES
K - 8**

**FALL
POSITION CLINIC**



DAILY SCHEDULE

7:00 PM Registration
7:15 PM Begin Clinic
8:40 PM Contests
8:55 PM DAILY AWARDS
9:00 PM DISMISS

ALL CAMPERS MUST BE
PICKED UP BY 9PM

PLEASE REGISTER ASAP
LIMITED SPOTS AVAILABLE
PER GRADE LEVEL

A Message from Coach, Joe Luce:

The Jeffersonville Red Devils Boy's Fall Position Clinic will be held at Jeffersonville HS in the Auxiliary Gym of Johnson Arena. The FALL POSITION CLINIC will take place on Friday, September 11th. Our coaching staff and players are looking forward to working with all students during this exciting Friday Night clinic. For those students who have been to our clinics in the past, you know we will help your game advance to the next level while helping those just beginning to learn the fundamentals of the game. The focus of the FALL POSITION CLINIC will be developing each player at their natural basketball position and introducing a workout program to begin preparing players for the upcoming season.

The clinic costs \$15 with discounts listed below for families with more than one player. I am sure *The Jeffersonville Red Devil Basketball Fall Position Clinic* will be very exciting and rewarding for all of you who attend. I look forward to seeing each of you on Friday, September 11th.

Each Student Receives:

- Jeffersonville Red Devil Pre-Season Workout Plan
- Camp Souvenir
- Lots of Fun and Excitement

CLINIC COST:

1 CAMPER - \$15
2 CAMPERS - \$25
3 OR MORE - \$10 EACH

-----CUT HERE AND RETURN-----

PLAYER REGISTRATION FORM - JEFF RED DEVIL FALL POSITION CLINIC 2015

NAME _____ ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ SCHOOL _____ GRADE _____ AGE _____

AMOUNT OF MONEY ENCLOSED \$ _____

WAIVER-I hereby authorize the directors of the Jeff Fall Clinic to act for me according to their best judgement in any emergency situation requiring medical attention. I will be responsible for any medical charges in conjunction with the clinic.

PARENT or GUARDIAN NAME PLEASE PRINT _____

SIGNATURE _____

**MAKE CHECKS PAYABLE TO: JEFF BASKETBALL
CALL (812) 282-6601 ext. 15102 WITH QUESTIONS**