

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

JEFFERSONVILLE RED DEVILS BASKETBALL 2016

**FOR
ELEMENTARY
BOYS
GRADES
K – 8**

**FALL
POSITION CLINIC**

**SEPTEMBER 23rd
SCHEDULE**



4:45 PM	Registration
5:00 PM	Begin Clinic
6:40 PM	Contests
6:55 PM	AWARDS
7:00 PM	Jeff Football Game
9:00 PM	Papa John's Pizza Party
9:30 PM	DISMISS

**ALL CAMPERS MUST BE
PICKED UP BY 9:30PM**

A Message from Coach, Joe Luce:

The Jeffersonville Red Devils Boy's Fall Position Clinic will be held at Jeffersonville HS in beautiful Johnson Arena. The FALL POSITION CLINIC will take place on Friday, September 23rd. 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 \$28. This includes clinic, a ticket to Football Game, Hotdog and drink at game plus a Papa John's Pizza Party to conclude the evening. 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 23rd.

Each Student Receives:

- Jeffersonville Red Devil Pre-Season Workout Plan
- Camp Souvenir
- Ticket to Football Game
- Hot Dog and Drink at Game
- Papa John's Pizza Party after game

CLINIC COST:

\$28 per camper. This includes clinic, a ticket to football game, hotdog and drink at game and a Papa John's Pizza party after game.

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

PLAYER REGISTRATION FORM – JEFF RED DEVIL FALL POSITION CLINIC 2016

NAME _____ ADDRESS _____ CITY _____ ZIP _____

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

AMOUNT OF MONEY ENCLOSED \$ _____

WAIVER-I herby 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 BOOSTERS
CALL (812) 282-6601 ext. 15102 WITH QUESTIONS**