

INSTRUCTION

We offer a great learning experience, full of fun and top-quality instruction. Campers have the opportunity to learn from the same coaches and players who have led the Bellevue College Bulldogs men's and women's basketball teams to conference tournaments.



JEREMY EGGERS
BC Men's Basketball
Head Coach

Bellevue College is proud to be a member of the Northwest Athletic Association of Community Colleges (NWAACC), the athletic conference representing 36 community colleges throughout Washington and Oregon.

Our coaches want to share their success with the community by passing along tried and true methods to help develop young players into better all-around basketball athletes. Campers will be taught some of the same drills and techniques that have made consistent regional champions of the Bulldogs!

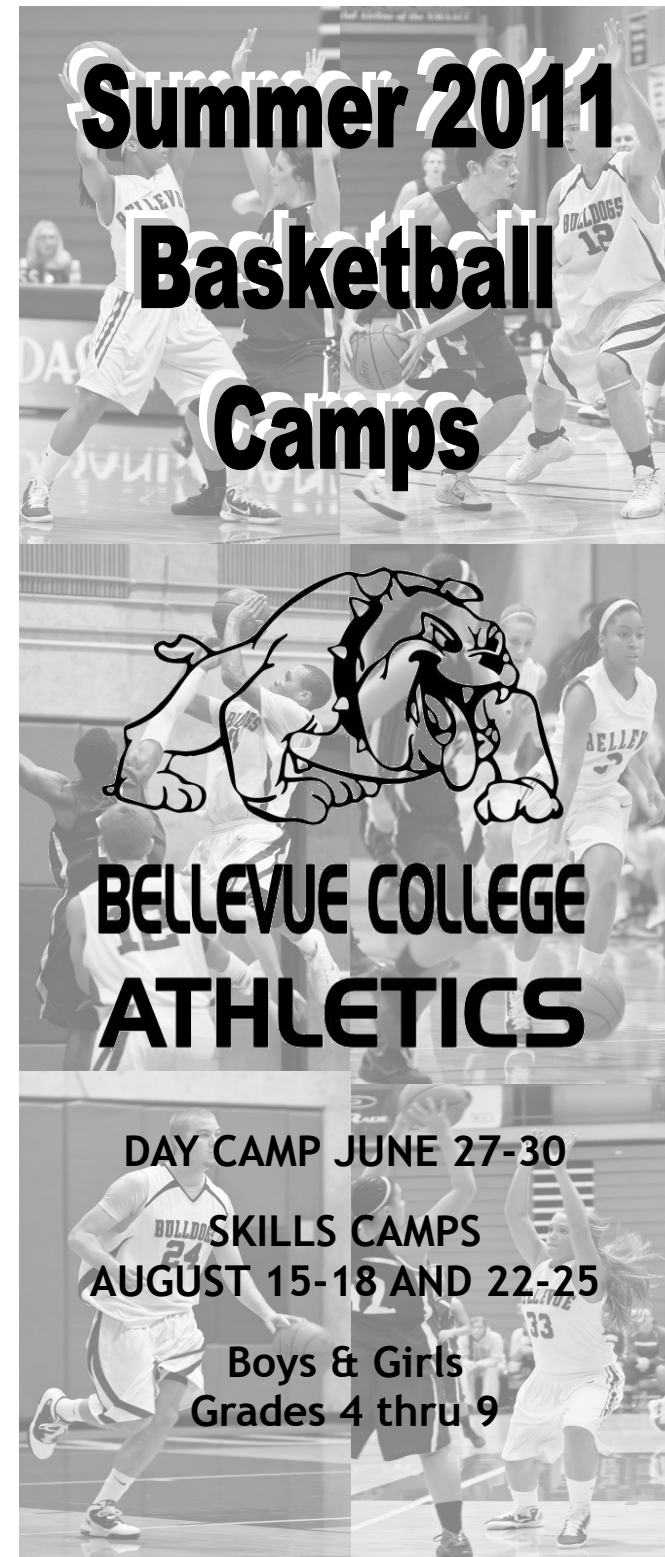
Camp will include instruction in the following areas:

SHOOTING
BALL-HANDLING
REBUNDING
PASSING
SCREENING
SITUATION STATIONS
PERIMETER PLAY
POST PLAY
TRANSITION BASKETBALL
TEAM & INDIVIDUAL DEFENSE


Bellevue College
Men's Basketball
3000 Landerholm Circle SE
Bellevue, WA 98007-6484

Presorted
Standard
U.S. POSTAGE
PAID
Bellevue, WA
Permit 43

BC reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation including gender identity or expression, age, marital or family status, disability, or status as a disabled veteran or Vietnam era veteran. Please visit <http://www.bellevuecollege.edu/equal.asp>.



Summer 2011 Basketball Camps



BELLEVUE COLLEGE ATHLETICS

DAY CAMP JUNE 27-30
SKILLS CAMPS
AUGUST 15-18 AND 22-25

Boys & Girls
Grades 4 thru 9

CAMPS SCHEDULES & INFO

DAY CAMP **JUNE 27-30**
4-9TH GRADES 9 AM - 4 PM
\$195 PER CAMPER

- Campers receive camp T-shirt and basketball
- Campers need to bring their own lunch each day

SKILLS CAMP **AUGUST 15-18**
4-9TH GRADES 9 AM - 12 PM
\$95 PER CAMPER

- Campers receive camp T-shirt
- Campers need to provide their own basketball
- Lunch is *not* provided

SKILLS CAMP **AUGUST 22-25**
4-9TH GRADES 9 AM - 12 PM
\$95 PER CAMPER

- Campers receive camp T-shirt
- Campers need to provide their own basketball
- Lunch is *not* provided

**GYM OPENS AT 8:45 AM FOR
CAMPER DROP-OFF**



REGISTRATION

HOW TO REGISTER

- Complete attached form, Please PRINT clearly. Use black ink if faxing.
- You may pay by check/money order or credit card (VISA or MasterCard). Make checks payable to BELLEVUE COLLEGE BASKETBALL.
- Submit your information and payment by one of three ways:

Phone: Jeremy Eggers (425) 564-2193
FAX: (425) 564-3129
Mail: Bellevue College Men's Basketball
3000 Landerholm Circle SE
Bellevue, WA 98007-6484

CANCELLATIONS - REFUNDS

72-hour cancellation policy. Please call (425) 564-2193 if you cannot attend a camp.

CONTACTS

To register for camp, cancel, provide a credit card number, or have any questions, call:
JEREMY EGGERS (425) 564-2193

DIRECTIONS TO BELLEVUE COLLEGE GYM

From I-405 and I-90 interchange in Bellevue: East on I-90, take Exit 11B (148th Ave SE) which hooks over I-90. Turn left onto SE 24th Street (3rd stop light after exiting). Proceed straight through (heading west) to gym parking lot just past the baseball field. Gym is the large building south of the baseball field.

REGISTRATION FORM

2011 BELLEVUE COLLEGE SUMMER BASKETBALL CAMPS

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____

CELL PHONE _____

BIRTH DATE _____ GRADE _____

GENDER M F SCHOOL _____

Please select camp(s) you wish to attend:

DAY CAMP JUNE 27-30, \$195

SKILLS CAMP AUG. 15-18, \$95

SKILLS CAMP AUG. 22-25, \$95

PAYMENT Check VISA MasterCard

Credit card # _____ Expires _____

NAME ON CARD _____

Release of Liability Permission to Play Basketball

I authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for my child if I cannot be reached in an emergency. I further agree that neither I nor my child will bring any claims of any kind against Bellevue College and/or its basketball camp employees as a result of any injuries, expenses or damages that I or my child may suffer in connection with my child's participation in the camp, whether such claims are known or unknown or arise in the future.

PARENT/GUARDIAN DATE _____

NAME _____

SIGNATURE _____

EMAIL _____