

2013 Capital University Basketball Team Camps

Middle School / Freshman Team Camp	Saturday-Sunday	June 8-9, 2013
Varsity / JV Team Camp I	Friday-Saturday	June 14-15, 2013
Varsity / JV Team Camp II	Wednesday-Thursday	June 19-20, 2013

All Games Played in the Air-Conditioned CAPITAL CENTER (6 Full Size Courts)

Each Team Plays 6 Pool Games (Coaches Can Request Game Times)

Overtime Tournament on First Day, Championship Tournament on Second Day

Camp Shirts for ALL Teams and Overtime Champions /Tournament Champions

Coaches /Teams Resident Options:

A) Campus Residence Hall: Coaches and Teams will be in AC Dorm.

Coaches Receive Complimentary Meals/ Dorm if Team Eats/Resides at Capital

B) FT. RAPIDS WATERPARK / HOTEL -10 Minutes from Campus

Registered Officials and Camp Scorers for Each Game

\$250 Deposit/Team - Due Before June 1, 2013 to Secure Reservation

Resident Camper: **\$165** 6 Games and 2 Tournaments
First Day: Lunch and Dinner / Dorm Room
Second Day: Breakfast and Lunch

Commuter With Meals: **\$130** 6 Games and 2 Tournaments
First Day: Lunch and Dinner, Second Day: Lunch

Commuter, No Meals: **\$105** 6 Games and 2 Tournaments:

Damon Goodwin Head Basketball Coach (614) 236-6913 dgoodwin@capital.edu

Cort Hamilton Assistant Basketball Coach (614) 236-6917 chamilto@capital.edu

Head Coach: Return ALL Registration Forms and Payment Together:

Capital Basketball Camp, Inc.; c/o Damon Goodwin; 1 College and Main; Columbus, OH 43209

Each Player Must Complete and Return the Application Form Below to Their Head Coach

CHECK CAMP ATTENDING – CIRCLE LEVEL (9 or JH / V or JV)

Name: _____ (9th/JH Camp) (V/JV I) (V/JV II)

School: _____ Coach: _____

Coach's Cell Phone: _____ Coach's E-Mail: _____

Parent/Guardian: _____ Cell Phone: _____

Home E-Mail: _____

Home Address: _____ City: _____ State: _____ Zip: _____

I hereby authorize the directors of the Capital Basketball Camp, Inc., and the respective High School/Junior High Coaches to act on my behalf according to their best judgment in any emergency requiring discipline or medical attention. My son is physically fit to participate in camp activities according to our family physician and I understand that as the parent/guardian that I am responsible for any and all medical insurance during camp.

Parent/Guardian Signature: _____ Date: _____