



GIRLS BASKETBALL CAMP

Grades 3 to 6
 Saturdays
 July 11 – August 8
 At the Recreation Center
 FEE: \$26 Residents, \$34 NR

Lead by Sheila Havey, BHS Basketball Coach & Claire Baecher, BHS McDonald's All-Star Player

TIMES
 Gr. 3 & 4; 8:30-10:00am
 Gr. 5 & 6; 10:00-11:30am

Sheila Havey, a Brunswick High School Basketball Coach, will once again be leading our Summer Basketball Camp for girls entering Grades 3 – 6. Emphasis will be on skill development, fundamentals, games and having fun improving your game. Join Sheila and Claire to improve *your* game over the summer!

Coach Havey played college basketball at the University of Southern Maine and has since coached at the Topsham Recreation Department and assisted with the After School Basketball Program at Longfellow School. Claire Baecher is a graduating senior at Brunswick High School and will be attending Williams College in the fall. Claire is the second 1,000 point scorer in the history of the BHS girls' basketball team, a KVAC Co-Player of the Year and a McDonald's All-Star Player.

This five week clinic will run July 11th – August 8th, on Saturdays at the Recreation Center.

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656

✂ **Detach & return with fee** to the Brunswick Recreation Center, 30 Federal St. by **July 8**. Office Hours Mon-Fri 8 a.m.- 4:30 p.m. ✂

BRUNSWICK PARKS & REC DEPT.
GIRLS SUMMER BASKETBALL CAMP 2009 FEE: \$26 Residents \$34 Non Residents

(Please Print)

NAME _____ DATE OF BIRTH _____
 STREET ADDRESS _____ TOWN _____
 ZIP _____ TOWN OF RESIDENCE _____
 SCHOOL _____ GRADE, in Fall 2009 _____
 HOME PHONE _____ WORK PHONE _____
 CELL PHONE _____ PAGER _____ EMAIL _____
 EMERGENCY PERSON, other than parent: NAME _____
 RELATIONSHIP _____
 EMER. DAY PHONE _____ EMER. CELL PHONE _____

For Office Use	
Date	_____
Amt\$	_____
Rec.#	_____
	(121001-02) <input type="checkbox"/>
	(121001-01) <input type="checkbox"/>
	<input type="checkbox"/> Computer

*ALLERGIES/PHYSICAL OR EMOTIONAL LIMITATIONS _____

**WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR*

REGARDING THE ABOVE? YES NO

Please check appropriate class: (121001-02) Grades 3 & 4 8:30 – 10:00 am
 (Grade in fall 2009) (121001-01) Grades 5 & 6 10:00 – 11:30 am

I give permission for my, above named, daughter to participate in the Girls Summer Basketball Camp.

Signature of Parent/Guardian _____ Date _____

PARENT/GUARDIAN NAME(s) *Please Print* _____