



Shooting Camp

Location: Good Counsel HS
Olney, MD

Dates: June 29-July 1

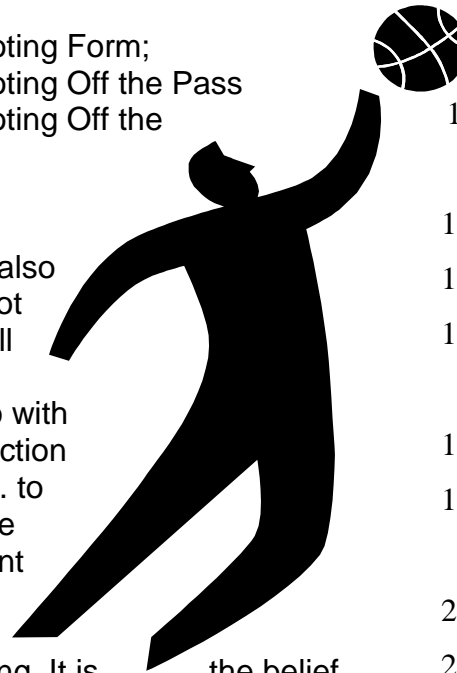
Times: 9am to 3pm daily

Cost: \$175 per camper. Make
checks payable to Mike Hibbs

The Shooting Camp is designed to give each camper more comprehensive and detailed work on the fundamentals of shooting the basketball. Each day will be broken down into the major aspects of shooting:

Day 1 – Shooting Form;
Day 2 – Shooting Off the Pass
Day 3 – Shooting Off the Dribble.

Each day the campers will also have their shot filmed and will watch their shot on video with special instruction from the staff. to improve at the most important fundamental of the game: shooting. It is the belief of the staff that if a player can shoot and dribble the basketball, that his enjoyment and love of the game will increase dramatically.



Sample Daily Schedule

9:00- 9:15	Introduction/ Review
9:15- 9:45	Fundamental – Shooting
	Off Cut
9:45-10:30	Stations
10:30-11:10	Contests (Hot Shot/ Best Ball/ 3-Man Shooting)
11:10-11:50	2-on-2 Games
11:50-12:20	Lunch
12:20-12:50	Fundamental – Shooting
	Off Screen
12:50- 1:35	Stations
1:35- 2:15	Contests (2 Ball/ Elbows/ Favorite Spot)
2:15- 2:55	5-on-5 Games
2:55- 3:00	Wrap-Up



www.gchoops.com

728 Milldam Road
Towson, MD 21286
410-825-5873

**Shooting Camp
For Boys Ages 6-15**

**Camp Location:
Good Counsel HS
17301 Old Vic Blvd
Olney, MD 20860**

Sessions 9AM to 3PM

**Tuition:
\$175 per camper
Make checks payable to
Mike Hibbs
There is no aftercare available**

**Camp Dates:
June 29-July 1**

Registration Form

*Please send form with payment in full to 728 Milldam Rd, Towson MD 21286.
All camp registration confirmations will be by email only.*

Camper Name _____ Date of Birth _____

Address _____

Address _____

Home Phone _____

School _____ Grade _____

Date of Last Tetanus Shot _____

Physician Name _____ Physician Phone _____

Please list any allergies or medical conditions the camp may need to know for an

Emergency _____

Parent (1) _____ Parent (2) _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

EMERGENCY CONTACT INFO

Name _____ Relationship _____

Work Phone _____ Cell Phone _____

I hereby authorize the staff of Beltway Boys Basketball Camp to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release the Sandy Spring Friends School and the Beltway Basketball Camp from any and all liability for any injury or illness suffered prior to or while at camp. I have no knowledge of any physical impairment that would affect my child's participation in the camp program.

_____ Date _____

Parent/Guardian Signature _____