



# Elite Prospect Camp

## June 28, 2018



**Date:** Thursday, June 28

**Time:** 1:00 - 4:30 pm

**Cost:** \$50 (includes lunch and a t-shirt)

**Location:**

Kolf Fieldhouse

785 High Ave

Oshkosh, WI

**Who:** Camp is open to rising Sophomore - Senior boy's

**Reasons to Attend:**

1. Quality instruction from UWO Coaching Staff assisted by our current players.
2. High Level Competitiveness: compete and learn with other highly motivated players
3. College Recruiting Insights and UW-Oshkosh Campus Visit: Tour campus and see why UW-Oshkosh is a Great Opportunity!

**Schedule:**

- 12:30 pm: Registration (light lunch will be provided)
- 1:15 pm: Welcome and Recruiting Informational Session and Q&A with Coach Juckem
- 1:45 pm: Warm-up and Start of Camp
- 4:30 pm: End of Camp
- 4:40 pm: Optional Tour of Campus with Coaching Staff

**Registration:** Registration is available online at [www.uwoshkoshsportscamps.com](http://www.uwoshkoshsportscamps.com) OR by mailing form on reverse side with check for \$50.

Questions Contact: Assistant Coach Matt Lewis  
lewism@uwosh.edu (504) 390-5597



# Elite Prospect Camp Registration Form

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

St: \_\_\_\_\_ Zip: \_\_\_\_\_

Camper Cell Phone: \_\_\_\_\_

Camper Email: \_\_\_\_\_

Parent/s' or Guardian/s' Name: \_\_\_\_\_

Parent/s' or Guardian/s' Phone: \_\_\_\_\_

High School: \_\_\_\_\_

AAU: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Position: \_\_\_\_\_

Shirt Size:

Adult S \_\_\_\_\_ Adult XL \_\_\_\_\_

Adult M \_\_\_\_\_ Adult XXL \_\_\_\_\_

Adult L \_\_\_\_\_

Mail Form and payment (\$50) to:

UW-Oshkosh Sports Camps  
Kolf Sports Center  
800 Algoma Blvd.  
Oshkosh, WI 54901

OR

Online Registration:

[www.uwoshkoshsportscamps.com/mensbasketball](http://www.uwoshkoshsportscamps.com/mensbasketball)

Checks Payable To:

UW-Oshkosh Sports Camps

I verify that my child has been checked by a licensed physician and is physically able to participate in the basketball camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. I authorize the disclosure of medical information to my insurance company for the purpose of claim.

Parent/Guardian Signature: \_\_\_\_\_