



High School Advanced Instructional League



Dates: Sept. 15, 22, 29 and Oct. 6

Time: 5:00 - 7:00

Cost: \$100 (includes all 4 dates and a free t-shirt)

Location:

Albee Hall (on UWO's campus)

776 Algoma Blvd.

Oshkosh, WI

Who: The league is open to Freshmen thru Senior boys'

Reasons to Attend:

1. Quality Instruction and Individual Attention: Camp will be led by the UWO coaching staff along and current UWO players.
2. Preparation for your upcoming season: Do the same skill work that the UWO players do and play a full length 5 x 5 game each night.

The High School Advanced Instructional League is open to boys in grades 9-12 who are looking for a competitive environment to prepare for the upcoming season. All sessions will be directed by the UW-Oshkosh Men's Basketball coaching staff and assisted by UWO players. Each session will be divided up into two main components. The first hour will be dedicated to individual skill development while the second half will be used for competitive 5 x 5 play. All attendees will play a full length game each session.

Registration: Registration is available online at www.uwoshkoshsportsamps.com OR by mailing form on reverse side with check for \$100.

Questions Contact:
kornc@uwosh.edu

Assistant Coach Casey Korn
(636)-359-9959



High School Advanced Instructional League

Player's Name: _____

Address: _____

City: _____

St: _____ Zip: _____

Cell Phone: _____

Email: _____

Parent/s' or Guardian/s' Name: _____

Parent/s' or Guardian/s' Email: _____

High School: _____

AAU Team: _____

Age: _____ Grade: _____

Height: _____ Weight: _____ Position: _____

Shirt Size:

Adult S _____ Adult L _____

Adult M _____ Adult XL _____

Mail Form and payment (\$100) to:

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

OR

Online Registration:
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: _____