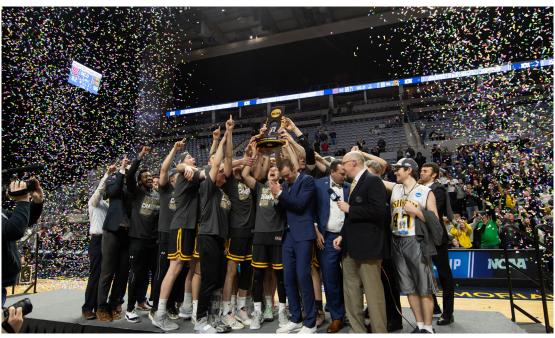


Footwork & Finishing in the Lane Camp



Date: Monday, July 29

Time: 9:00-12:00 pm (2nd-3rd grades)

9:00-4:00 pm (4th-12th grades)

Cost: \$40 (2nd-3rd)

\$80 (4th-12th)

Location:

Kolf Fieldhouse 785 High Ave Oshkosh, WI Camp Staff:

Camp will be worked by our UW-Oshkosh Men's Basketball Coaching staff along with current players.

Lunch:

For the campers staying the full-day, they can purchase lunch (pizza or subs), or bring their own lunch.

This camp will focus on footwork in a variety of areas of the game, and finishing in the lane. The best basketball players have great footwork and balance. In our program at UW-Oshkosh, we spend a lot of time working on the fundamentals of footwork and balance, both on the perimeter and in the lane. We also spend a great deal of time on finishing the basketball in the lane and around the basket. The most efficient shots in basketball are wide-open 3's, free-throws, and shots within 8 feet. This camp will teach a variety of ways to finish efficiently and effectively in the lane.

We will be utilizing video from our current team and other high level players to teach the footwork and finishing techniques.

Registration: Registration is available online at www.uwoshkoshsportscamps.com OR by mailing form on reverse side with payment. Walk-up registrations will also be accepted on July 29th.

Questions Contact: Assistant Coach Casey Korn

kornc@uwosh.edu (636) 359-9959



Footwork & Finishing in the Lane Camp

C 2 N				
Camper's Name:			Mail Form and payment to:	
Address:			UW-Oshkosh Sports Camps	
City:			Kolf Sports Center	
St: Zip:			800 Algoma Blvd.	
Camper Cell Phone:			Oshkosh, WI 54901	
Camper Email:_				
Parent/s' or Guardian/s' Name:			OR	
Parent/s' or Gua	ardian/s' Phone:			
School:			Online Registration:	
Age:			https://mensbasketball.uwoshkoshsportscamps.com	
Shirt Size:			Checks Payable To:	
Youth M	Adult S	Adult XL		
Youth L	Adult M	Adult XXL	_	
	Adult L			
Insurance Company				
Address			<u></u>	
Policy Holder				
Policy Number_				
I warify that my	oon has been checked by	a licensed physician	and is physically able to participate in this Sports Camp/	
	•	. .	sician while attending, if necessary, and to assume all costs	
	•	, ,	to pay benefits. Also, I authorize the disclosure of medical	
			nim. The undersigned does hereby agree to hold harmless	
			f the University of Wisconsin System, and the University	
•		· ·	om any and all liability, loss, damages, costs, or expenses	
	· ·	ž ,	ctions of my son in the course of the camp/clinic.	
willcii are sustai	ned, incurred, or require	d arising out of the ac	ctions of my son in the course of the camp/chinc.	
Parent/Guardia:	n Signature		_	
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Parent/Guardiai	n Name (Please print)			