

Give your kids "the Edge"

NE Bushrangers Basketball

Holiday Clinic - Wangaratta

April 6 & 7, 2016



Headed by USA Import, **JOHN KING**

and supported by our local Big V players from
all across the North East:

Wodonga, Wangaratta, Albury, Yarrawonga, Benalla,
Mansfield, Myrtleford & Corryong



Cost

\$55 ... 1 day

\$90 ... 2 days

\$40 ... Advanced session

www.nebushrangers.net

Supported by these North East Basketball Associations





BASKETBALL CLINIC—APRIL SCHOOL HOLS

Where: Wangaratta Basketball Stadium (HP Barr Reserve)

Times: 9.30am to 3.00pm daily

Advanced Session: April 7 only, 9am-12pm

Who: Clinics: All Players aged 7 to 14 years - catering for all levels of ability

Advanced Session*, players aged 16-18 years (*limited places*)

**The Advanced Session aims to provide specialised instruction for rep level players aged 16-18 years. This session will be conducted personally by Import, John King with Big V League Defensive Player of the Year 2015, Dylan Webb.*

Registration Details

1. Complete the Rego Form and email back to admin@nebushrangers.net Pay via Direct Deposit (details below)
2. Complete the Rego Form and post your form and cheque to the address below, cheques payable to: NE Bushrangers

NE Bushrangers Basketball Clinic
C/- Box 654
Wodonga Vic 3689

Direct Deposit details are: BSB: 633 000; A/C: 151549169
A/C Name: Big V Northeast Bushrangers
Ref: [surname] camp

Clinic Format

Shooting, passing, ball handling, rebounding, post play; Games and contests, plenty of fun for all ages and abilities. *Players are required to bring their own basketball, lunch, snacks and a full drink bottle. Don't forget wear shorts, a T-Shirt or singlet and your basketball shoes/runners.*

Enquiries to: Noel Wright on 0418 792 106

REGISTRATIONS CLOSE: Friday April 1, 2016

NE Bushrangers Holiday Basketball Clinic 2016—Registration Form

Childs name:..... DOB:/...../..... M / F

Address:.....

Email:.....

Parent/Guardian Name:..... Phone:.....

Medical Information:.....

Parent/Guardian Consent

I (print name). grant permission for my child listed above, to participate in the Holiday Clinic conducted at the Wangaratta Indoor Sports and Aquatic Centre.

I release the coaching staff and NE Bushrangers Basketball from liability whilst my child is participating.

Signature:..... Date:.....

Days attending: Wednesday only Thursday only Both days Advanced session only