



Montville Recreation Department's

BASKETBALL **CAMPS**



WHO: Open to students ENTERING Kindergarten through 8th Grades in September 2018.

WHAT: The DST Camp experience emphasizes fun, instruction, safety, sportsmanship, and an all inclusive philosophy where all kids are given equal opportunity to participate. The second session was added by popular demand. Players should wear shorts, a t shirt, and sneakers and bring a snack and water bottle.

WHERE: Montville Community Park Outdoor Basketball Courts, 130 Change Bridge Road, Montville 07045

WHEN:

<u>SESSION</u>	<u>Grades</u>	<u>DAY & DATES</u>	<u>TIME</u>
1	Gr. K-6	Monday through Thursday, June 25th—28th	9:00am to 12:00pm
2	Gr. K-8	Monday through Thursday, August 27th—30th	9:00am to 12:00pm

*****NOTE:** Fridays: June 29th & August 31st will be the Make Up Dates IF NEEDED incase of inclement weather.***

INSTRUCTOR: Ken Ferrare owner of DST basketball camps and a Montville resident will direct each session of the camp.

FEE: \$120.00 for the four day clinic **OR** \$40.00 daily rate.

FULL CAMP participants in Gr. K-3 will receive a free ball & Gr. 4-8 a free t-shirt!

NOTE: There will be a \$20.00 processing fee for program refunds!

PAYABLE TO: Montville Recreation, 195 Change Bridge Road, Montville 07045

REGISTRATION PROCEDURE:

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot

Checks or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!!

OR Credit Cards for On-Line Registration!

Please Note: You will be charged a 3 % convenience fee for credit card use on-line!

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

For additional Recreation Flyers go to: <http://www.montvillenj.org/RecFlyers>

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 or Visit our Website: www.montvillenj.org

BASKETBALL CLINIC by Coach Ferrare — SUMMER 2018

Participant Name _____ Age _____ D/O/B _____ ^{Sept '18} Grade _____ School _____

Address _____ Town _____ Home Phone _____

Primary Contact Name/Relation/Phone # _____

Secondary Contact Name/Relation/Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Phone # (IF the above cannot be reached) _____

Please Indicate Choice of Week(s): June 25th-28th **AND/OR** Aug 27th-30th

Please Indicate Choice of Day(s): Mon thru Thurs () Mon () Tues () Wed () Thurs ()

Please list any special needs that you or your child may have that will assist us in providing a successful experience:

My child has my permission to participate in this class.

I understand that the Recreation Department **DOES NOT** provide accident insurance.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE (4/17/18): Fee Paid _____ Cash Check Date _____ Received By _____ **PROGRAM # 841**