



Montville Recreation Department's

BASKETBALL CAMP

Teacher's Convention 2018



WHO: Grades K-8

WHAT: Improve your game and have fun on your day off from school. Players will be grouped by age and ability. Small baskets will be used for grades K-3 and sessions will include fundamental drill work, contests and scrimmages.

WHERE: Montville Twp. High School Main Gymnasium, 100 Horseneck Road in Montville 07045

WHEN:

<u>SESSION</u>	<u>DAY/S</u>	<u>DATE/S</u>	<u>TIME</u>	<u>COST</u>
1	Thursday Only	November 8th	9:00am to 12:00pm	\$45.00
2	Friday Only	November 9th	9:00am to 12:00pm	\$45.00
3	Thursday & Friday	November 8th & 9th	9:00am to 12:00pm	\$75.00

INSTRUCTOR: Bill Medina Head Boys Varsity Basketball Coach at Montville High School and Ken Ferrare owner of DST basketball will direct this program.

FEE: See chart above. **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

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Participant Name _____ Age _____ D/O/B _____ Grade _____ School _____

Address _____ Town _____ Home Phone _____

Primary Contact Name/Relation/Cell Phone # _____

Secondary Contact Name/Relation/Cell Phone # _____

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

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

Please Circle Choice of Day(s): **1— Thursday Only** **2—Friday Only** **3—Thursday AND Friday**

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

My child has my permission to participate in this program.
 I understand that the Recreation Department **DOES NOT** provide accident insurance.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE (9/10/18): Fee Paid _____ Cash _____ Check _____ Date _____ Received By _____ **PROGRAM # 914**