



Irondale Boys Basketball Camp 2016

**Open to all incoming
3rd - 12th graders**



Mounds View
PUBLIC SCHOOLS
Community Education

651-621-7402

Basketball camps are one week and will be directed by Irondale Varsity Basketball Coach Jon DeMars and his Knights coaching staff. Here's an opportunity to enhance your fundamental skills and work to improve through instruction from the High School coaching staff. Campers will receive instruction in shooting, ball handling, passing, man-to-man defense and team play. All participants will receive a special camp t-shirt. Having fun and self-improvement will be stressed. **All camps are Monday—Friday.**

Register Early & SAVE \$10!
Register by May 15 and pay \$75, after May 15, pay \$85
All Boys Basketball Camps to be Held at
Highview Middle School - N/S Gyns

Grades 3—5	June 20—24	M—F	9:00—11:15 am	Activity Code: S16-BBB35
Grades 6—9	June 13—17	M—F	9:00—11:15 am	Activity Code: S16-BBB69
Grades 10—12	June 27—July 1	M—F	10:30—12:45 pm	Activity Code: S16-BBBHS

How To Register—Pre-registration and payment required (Phone registrations are not accepted)

1. Register on-line using a Visa, Discover or MasterCard at: www.moundsviewschools.org Select **Select Community Education, Youth Programs, Camps & Activities**
2. Return completed form and payment to: **Community Education-Pike Lake Education Center, 2101 - 14th Street NW, New Brighton, MN 55112 Attn: Summer Programs**

Irondale Boys Basketball

Irondale Boys Basketball Camp Grades: 3 -12
Please print clearly

Activity Code _____

Student's Name: _____ Grade Entering in Fall 2016: _____

Date of Birth: _____ Parents Name: _____

Indicate t-shirt size: **Youth:** ___S ___M ___L **Adult:** ___XS ___S ___M ___L ___XL

Parents Email: *(confirmations will be sent via email only):* _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Special Needs/Allergies: _____

Fee: Register by May 15—\$75, after May 15 \$85 Cash _____ Check # _____ *(payable to ISD 621)*

Charge my: Visa _____ MasterCard _____ Discover _____

Card #: _____ Expiration Date: _____ 3 Digit CVN Code: _____

Card Holders Signature (required) _____

Card Holders Name as it appears on credit card (required-please print) _____

**Refund/Cancellation Policy: All cancellations/refund requests must be received by
Community Education a minimum of 7 business days before the camp starts.
After that time, no refunds or credit vouchers will be issued.**