



Hosted by 3B's
 Founder & Lead Trainer
BLUE (former collegiate &
 professional athlete;
 Certified Personal Trainer -
 NASM),
 & special guest
George Marshall
 (current PRO
 & former D1 Athlete)

EMBRACE THE STORM

George Marshall began his collegiate career as a Wisconsin Badger before transferring to South Dakota State University. At SDSU, George was a Summit League All-Conference Selection while leading his team to a Conference Championship, securing a spot to participate in the NCAA National Tournament. Upon graduation, George began playing professionally overseas and just completed his 1st PRO season in Holland.



July 29th & 30th

Session 1 // Grades 2nd - 4th // 9am - 11:30am // \$85

Session 2 // Grades 5th - 8th // 12pm - 2:30pm // \$85

Session 3 // High School // 2:45pm - 5:15pm // \$85

*** LIMITED SPOTS ***

TEAM & SIBLING DISCOUNT AVAILABLE.

EACH CAMPER RECEIVES A CAMP SHIRT.

MERCHANDISE AND CONCESSIONS AVAILABLE FOR PURCHASE.

2 Ways to Register:

Fill out & mail the form below
 or online at the following link:
www.basketballbyblue2017.ventbrite.com

Skills Camp REGISTRATION FORM

Mail Registration & Payment to:
 Think BLUE LLC, 112 E. 2nd St., Unit #301, Marshfield, WI 54449
 (postmarked by **July 25th** / Make Checks Payable to **3B** or **Think BLUE**)
 For more Info: Blue // 3BThinkBlue@gmail.com // (715) 575-9484

Participant's Full Name: _____
 Session #1 ___ Session #2 ___ Session #3 ___ (Please Check)
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-Mail: _____
 Adult T-Shirt Size: Small ___ Medium ___ Large ___ XL ___

I hereby grant permission for my son/daughter to attend 3B's Skills Camp. I further certify that my child is in good health and I attest and verify that I have full knowledge of risks involved. In consideration of your acceptance to this entry, I hereby, for myself, my heir, my executors, administrators, waive my and all rights and claims for damages may have against individuals associated with the event, its agents, representatives, successors and assigns, for any and all injuries by me in said event.

Parent/Guardian Name: _____
 Parent/Guardian Signature: _____ Date: _____
 Emergency Contact: _____ Contact #: _____
 Allergies/Medical Conditions (if none, so state): _____

Location: The Orbital Center, 2109 Spencer Street, Marshfield, WI 54449