

# 2010 *Spring Break* Basketball *Camp*

## **Basketball Camp**

Led by  
Coach Everett White

Adapted Physical Education Specialist, SAISD  
Assistant Coach, Burbank High School  
21 years coaching experience:

- Elementary level
- Middle school level
- High school level

Coached numerous basketball camps:

- Spurs Summer Basketball Camp
- Angola Africa Basketball Camp
- ACCF Basketball Camps
- Kenya Africa Basketball Camp

Everett and his wife have three children.



# 2010 Spring Break Basketball Camp

March 15 - 19, 2010

## Registration Information

Ages 4 - 14

(must be 4 as of January 1, 2010)

(Registration will be limited to the first 100 paid enrollees.)

All Campers will receive a Camp T-shirt and Basketball

Early Registration \$75.00 (\$10 discount for siblings)

After March 12 \$90.00 (\$10 discount for siblings)

### > ACCF Refund Policy <

There will be a \$25.00 administration charge on all refunds made prior to the early registration deadline. No refunds will be made after the early registration period is over.

## Camp Schedule

Early Drop Off: 7:30 a.m. - 8:00 a.m.

Open Assembly: 8:00 a.m. - 8:30 a.m.

Basketball Skills: 8:30 a.m. - 2:30 p.m. Led by Everett White (see back for references)

Lunch 12:30 p.m. - 1:30 p.m.

Campers must bring a sack lunch or purchase a lunch from concessionaire. (Hotdog, chips & drink for \$3.50.) Concession Stand will be open several times a day. Snack cards may be purchased each morning if needed.

Basketball Rec. Time: 1:30 p.m. - 5:00 p.m.

Free Time: 5:00 p.m. - 6:00 p.m.

Basketball, games and competition.

A charge of \$1.00 per minute will be charged for any camper picked up after 6:05 p.m.

For more information, contact Billy Honc, (210) 637-4055, or Email: BillyH@alamocity.org.

[www.alamocity.org](http://www.alamocity.org)

A Ministry of Alamo City Christian Fellowship, Dr. David C. Walker - Pastor

## Camp Registration Form

Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ School \_\_\_\_\_  
MM DD YY

Email Address \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Church You Attend: \_\_\_\_\_ T-Shirt Size: Youth \_\_\_\_\_ or Adult \_\_\_\_\_

Make checks payable to ACCF  A \$25 NSF Charge for all returned checks.  >Please note refund Policy!<