



# Bob Cantu



## 14th Annual BASKETBALL CAMP 2010

805-546-1448 or 805-461-4919

www.cantucamps.com

**Director: Coach Bob Cantu**

Session 1: Paso Robles/Centennial Park	June 21-24	9am-12 noon	Ages 4-8
Session 2: Paso Robles/Centennial Park	June 21-24	2-5pm	Ages 9-12
Advanced Skills Camp: SLO/Mission Prep High School Gym	June 26-27	10am-4pm	Ages 6-12
Session 3: SLO/Mission Prep High School Gym	June 28- July 1	9am- 12 noon	Ages 4-8
Session 4: SLO/Mission Prep High School Gym	June 28- July 1	2pm-5pm	Ages 9-12

**Tuition:** \$150 (\$125 Additional Family Member.) \*Early Drop-off is available for \$20 extra\*

Sign up before March 15<sup>th</sup> 2009 for \$125

**\*\*New NCAA Rules will not allow campers who have started 7<sup>th</sup> grade or higher to attend camp. This is due to a new rule just passed for NCAA Coaches who have camp outside 100 miles of their campus.**

**Ages:** Boys and girls ages 4-12. As long as they have not started 7<sup>th</sup> grade or higher.

**Camp Info:** Bob Cantu, Central Coast native and current USC Assistant Coach, directs camp along with his experienced camp staff. The camp covers basic fundamentals of shooting, ball handling, passing, rebounding, and defense. Instruction is tailored to each individual child's experience and skill level. Campers receive a written evaluation of their progress, along with a camp T- Shirt and ball. Camp concludes with an Awards Ceremony.

### BOB CANTU FUNDAMENTAL BASKETBALL CAMP

#### REGISTRATION 2010

**Session 1** ○ **Session 2** ○ **Advanced Skills Camp** ○ **Session 3** ○ **Session 4** ○

- \$150 for one child (\$125 if signed up by March 15, 2010)
- \$125 each additional child
- Add \$20 per child for Early Drop-off (8:00am or 1:00pm)

Name of Player \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

I, the undersigned, acknowledge that Bob Cantu and the Fundamental Basketball Camp merely sponsor the above-named activity and realize that no medical insurance is provided. I assume all risks and hazards thereto, including those arising in course of transportation to and from the location and hold any of its employees, and volunteer personnel harmless from any claims or illness arising out of or in any way connected with the above-mentioned activity.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

 CREDIT CARD PAYMENT: Visa MC Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on Card \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_