

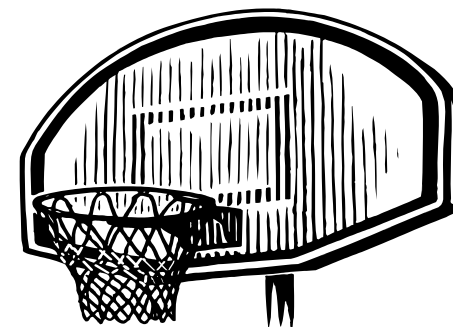
Camp Highlights

- Free Throw Contest
- Hot Shot Contest
- Knock-out Contest
- A fun and educational experience
- Air-conditioned gym
- Competitive games played daily

RAIDERS

Switzerland Point Middle School

Summer Basketball Camp



June 3 - 7, 2019

June 10 – 14, 2019

June 24- June 28, 2019

777 Greenbriar Road

Saint Johns, FL 32259

Telephone Number

(904) 547-8650

Or

Fax Number

(904) 547-8645

Coach Terrance Singleton's

Resume

*Has over 26 years experience coaching basketball

*Coach at Switzerland Point Middle School since 1993

*Coached at St. Augustine High School

*Have many years working at basketball camps

*Currently, the head coach of the boy's middle school basketball team at Switzerland Point.

*Graduate of Bethune Cookman University (formerly Bethune Cookman College)

Cost :

\$75.00 per camper for one session

\$140.00 per camper for two sessions

\$200.00 per camper for three sessions

\$255.00 per camper for four sessions

\$300.00 per camper for five sessions

How to Pre-Register:

Send a \$25.00 non-refundable deposit or full payment to:

Switzerland Point Middle School

777 Greenbriar Road

Saint Johns, FL 32259

Attn: Coach Singleton

Pre-register today as space is limited to 60

Switzerland Point Middle School Summer Basketball Camp

Ages: Boys and Girls, ages 6 – 14

Dates and Times:

June 3—7, 2019 **Week One**

Session 1A – 8:30 a.m. to 11:30 a.m.

Session 1B – 12:30 p.m. to 3:30 p.m.

June 10 –14, 2019 **Week Two**

Session 2A – 8:30 a.m. to 11:30 a.m.

Session 2B – 12:30 p.m. to 3:30 p.m.

Week Three

****June 24– June 28, 2019****

Team Camp

(30 BOY'S ONLY)

Grades 6th-8th

Session 3A— 8:30am to 11:30am.

"3rd Annual" Girls Team Camp

(25 GIRL'S ONLY)

Grades 5th-8th

Session 3B— 12:30pm to 3:30pm

**For additional information call or
contact Coach Singleton at
Terrance.singleton@stjohns.k12.fl.us**

Name: _____

Age: _____(As of camp start date for your child)

Circle T-shirt size : YM YL AS M L XL*

Please check sizes carefully!!

Address: _____

City, State, Zip: _____

Home Number: _____

Work or Cell Number: _____

Email Address: _____

I hereby authorize the staff of the Switzerland Point Basketball Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Switzerland Point Middle School and the Switzerland Point Basketball Camp staff from any and all liability for any injuries or illness occurred while at the camp. I have no knowledge of any physical impairment that would be affected by the above campers participation in the camp.

Please check which session(s) the camper will attend:

Session 1A____Session 1B____

Session 2A____Session 2B____

Session 3A____3B____

Parent or Guardian Signature:
