

Shooting Stars 17th Annual Boys Basketball Camp

For the 17th year, the “Shooting Stars” basketball camp will be offered to BOYS and GIRLS entering grades 6th-9th. This camp is for the **SERIOUS PLAYER** who wants to improve their game through hard work! Only 36 players will be allowed into each session in order to give personal attention to each players shot. Staff includes former Arrowhead Stars, current Arrowhead coaches, current college players and current Arrowhead players.

The daily camp routine is to provide a place for players to shoot over 1,000 shots and become fundamentally sound shooters. Every camper will be videotaped and then a coach will break down the video with the camper. Also each player will get an opportunity to use the automatic rebounding machine. Every camper will get a camp shirt. You are also guaranteed a one-on-one session with Coach Haase.

The cost of the camp is \$85.00. **Please make all checks payable to: Craig Haase Basketball Camps Inc.** Please check which one of the following sessions your **son** or **daughter** would like to participate in. Obviously this is a first paid, first serve basis. The **FIRST 36** to send their checks will be taken for that session. Confirmation can be checked at www.arrowheadschoools.org, click on “Activities”, click on “Sports”, click on “Boys Basketball” find the correct camp. This camp is provided by **Craig Haase Basketball Camps, Inc.**

Session 1 _____	3:30 – 5:00	June 25 – June 28	North Campus East & West Gym
Session 2 _____	8:00 - 9:30	July 16 – July 19	North Campus East & West Gym
Session 3 _____	9:30 – 11:00	July 16– July 19	North Campus East & West Gym
Session 4 _____	11:00 – 12:30	July 16 – July 19	North Campus East & West Gym

Shooting Stars

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I give my son / daughter _____, entering grade _____, permission to participate in Shooting Stars Basketball Camp which is a service provided by **Craig Haase Basketball Camps Inc.** I do not hold the organization, Arrowhead High School, or the staff liable while my child is participating in this program. I acknowledge that at camp, my child will participate in a sport that may involve physical contact with other persons or objects, including the floor, which could result in injury. I acknowledge that I must have adequate health insurance to cover any injuries while involved in this program.

Parent / Guardian _____ Date _____

Address: _____ Zip _____

Email _____

Phone: (H) _____ (W) _____

Send Checks to: Craig Haase, 800 North Avenue, Hartland, WI 53029