



Wallace State Basketball Academy

Boys and Girls Ages 5-17

Three-Day Session 1: June 21st-23rd

Three-Day Session 2: July 27th-29th

Five-Day Session 1: June 26th-30th

Five-Day Session 2: July 17th-21st

Five-Day Session 3: July 31st-August 4th

9am to 4pm each day (last day is half-day)
(early drop-off at 8am) (late pick-up until 5pm)

Tom Drake Coliseum/Wellness Center
On the Campus of
Wallace State Community College

Camp Features

Guest Speakers	Fundamentals
Lunch for Day Campers	Footwork
Medal for Each Camper	Teamwork
Prizes	Enthusiasm
Concessions	Competition
	Grouped by Age

Directed by Wallace State Basketball Coaches & Athletes



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**Wallace State Community College
Basketball Academy Application**



Complete form & return to address below with payment

Three-Day Sessions & Fees (mark all that apply)

___ June 21-23 ___ July 27-29

___ \$40 full payment for half-day camper (9am-12n) due with form

___ \$75 full payment for day camper (includes lunch) due with form

Five-Day Sessions & Fees (mark all that apply)

___ June 26-30 ___ July 17-21 ___ July 31-August 4

___ \$75 full payment for half-day camper (9am-12n) due with form

___ \$130 full payment for day camper (includes lunch) due with form

* Call for sibling discount pricing/WSCC employee discount

Please make check/money order payable to, & mail to

Wallace State Men's Basketball
801 Main Street Northwest
Hanceville, Alabama 35077

Contact John Meeks at (256) 352-8365 or john.meeks@wallacestate.edu

Name _____

Age ___ Entering Grade _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate _____

School _____

I hereby allow my child, _____ to receive necessary medical treatment for condition/injury suffered while attending Wallace State Basketball Academy. I understand that I will be responsible for expenses incurred on their behalf relating to such treatment, certify that we have medical insurance, & hold all camp employees blameless.

Signed _____



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801 Main Street Northwest
Hanceville, Alabama 35077

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Name _____

Age ___ Entering Grade _____

Email _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate _____

School _____

I hereby allow my child, _____ to receive necessary medical treatment for condition/injury suffered while attending Wallace State Basketball Academy. I understand that I will be responsible for expenses incurred on their behalf relating to such treatment, certify that we have medical insurance, & hold all camp employees blameless.

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