



# Wallace State Basketball Academy

Boys and Girls Ages 5-17

Three-Day Session 1: June 20th-22nd  
 Five-Day Session 1: June 25th-29th  
 Five-Day Session 2: July 16th-20th

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 20-22

\_\_\_ \$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 25-29 \_\_\_ July 16-20

\_\_\_ \$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 \_\_\_\_\_

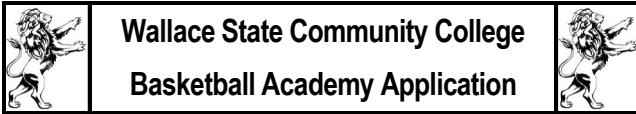
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate \_\_\_\_\_

School \_\_\_\_\_

I herby 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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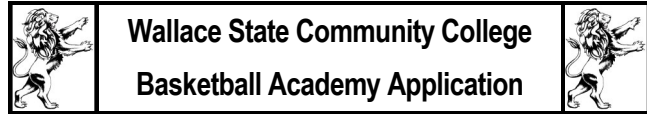
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