

BYRON STARKS PLAYER'S CHOICE Basketball School



2018 SUMMER SESSIONS

- SESSION 1: JUNE 4-7 - LSU EUNICE, HPRE CENTER | ADVANCED SHOOTERS**
CAMP DEADLINE: MAY 28
- SESSION 2: JUNE 11-14 - NORTHSIDE CHRISTIAN | ROCK SOLID, SHARP SHOOTERS**
CAMP DEADLINE: JUNE 4
- SESSION 3: JUNE 18-21 - LSU EUNICE, HPRE CENTER | ROCK SOLID**
CAMP DEADLINE: JUNE 11
- SESSION 4 JUNE 25-28 - LSU EUNICE, HPRE CENTER | SHARP SHOOTERS**
CAMP DEADLINE: JUNE 18
- SESSION 5 JULY 9-12 - FIRST BAPTIST LAFAYETTE | ROCK SOLID**
CAMP DEADLINE: JULY 2

COST: \$100 EARLY BIRD REGISTRATION (POSTMARK DEADLINE MAY 14) \$125 REGULAR REGISTRATION

BYRON STARKS PLAYER'S CHOICE BASKETBALL SCHOOL IS FOR THE ASPIRING BASKETBALL PLAYER. WHETHER YOU ARE A NOVICE LOOKING TO LEARN THE FUNDAMENTALS, OR AN EXPERIENCED PLAYER HOPING TO TAKE YOUR SKILLS TO THE NEXT LEVEL - **PLAYER'S CHOICE IS THE CHOICE!!!**

CAMPERS WILL MASTER THE BASICS AND IMPROVE THEIR SKILLS WITH A KNOWLEDGABLE STAFF AND FUN ENVIRONMENT.

ROCK SOLID CAMPS 8:00AM-12:00PM
BOYS AND GIRLS K5-5TH GRADE

SHARP SHOOTERS 8:00AM-12:00PM
BOYS AND GIRLS 6TH-8TH GRADE

ADVANCED SHOOTERS 4:30PM-7:00PM
BOYS 6TH-9TH GRADE

ITEMS TO BRING: BASKETBALL SHOES, WATER BOTTLE AND ANY MEDICAL NEEDS (I.E. INHALER, ANKLE/ KNEE BRACE, ETC....)

APPLICATION FORM

SESSION: 1 2 3 4 5

Name _____

Address _____

City/State/Zip _____

Phone _____

Birthdate _____ Age _____

Grade entering Fall 2018 _____

School _____

T-Shirt size: Adult S M L XL
(Circle One) Youth S M L XL

Parent's Email _____

Contact Information:

Two Names and Phone Numbers of persons to be notified in the event of injury or illness:

Person _____ Relation _____

Phone _____

Person _____ Relation _____

Phone _____

Please read the following statement and sign below

This is to certify that my dependent has had an adequate medical exam and is physically able to participate in the activities of the Byron Starks Player's Choice Basketball School. Applying for acceptance, I waive and release all rights and claims for any damages against The LSUE Men's Basketball Team, LSU Eunice and its representatives, as well as Champions International, INC

Signature of Parent or Legal Guardian: _____

Print: _____ Relation: _____

Return application, contact form, and payment to:

Byron Starks
Champions International, Inc
PO Box 60561
Lafayette, LA 70596

Make checks payable to Champions International, Inc

Enclosed: _____ (Individual Camp)

Refunds only in case of illness or injury prior to camp. \$25 processing fee for refunds. A doctor's statement will be required for refunds.

FOR OFFICE USE ONLY: DATE REC'D _____ FEE _____ CK# _____ CASH _____ PD _____ ONLINE _____ OWE _____

WWW.LSUEBENGALS.NET | WWW.CHAMPIONSFORLIFE.COM

FOR MORE INFORMATION: E-MAIL BSTARKS@LSUE.EDU | CALL 337-408-3734

LSUE BENGALS