**JOHN FINKE’S 29th ANNUAL**

## *FAST BREAK*

FUN!!

CONTESTS

## BASKETBALL CAMP

*“2 Special Weeks of Basketball”*

WHERE: WEST MILFORD HIGH SCHOOL GYMNASIUM (Drop-off and pick up)

{***Grades 1-3 will be dropped and picked at Maple Road School***}

WHEN: JULY 6-10 & JULY 13-17- **Monday-Friday**

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###### TIME: ALL SESSIONS- 8:30 – 3:30

WHO: BOYS AND GIRLS- {BOTH WEEKS ARE COED} {GRADES 1-10 in Sept 2020}

COST: $250.00 PER WEEK- (same as 2019)>>>>>>> includes: <<<<<<<<

T-SHIRT, DRAWSTRING BAG, TROPHIES, DRINKS, ICE CREAM & WATERMELON

{FAMILY DISCOUNT: $410.00 for 2ND Child, $550.00 for 3rd Child, $575.00 for 4 or more}

### **Credit cards accepted- email John Finke for details**

**WHAT TO BRING:** **Lunch, (Snacks will be sold during lunch), sneakers, shorts, and t-shirt or tank top.**

**\*\*Note: PIZZA SOLD EVERYDAY SO CAMPERS**

**SHOULD BRING MONEY MONDAY!**

**\*For more information check out our Facebook page Fast Break Basketball Camp or our website at www.fastbreakbasketballcamp.com**

**Contact info: Text or call John Finke at 973-951-1171 or Bob Henry at 201-400-9643 or**

Email: [john.finke@wmtps.org](mailto:john.finke@wmtps.org) OR [bobhenrynj@gmail.com](mailto:bobhenrynj@gmail.com)

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REGISTER EARLY SO YOU WON’T MISS OUT ON THE BEST SUMMER CAMP IN THE AREA!

### ***CAMP DIRECTOR- John Finke***

### 30 YEARS HEAD COACH WMHS, OVER 380 CAREER WINS, 4 CONFERENCE CHAMPIONSHIPS,

### 2 TIME PASSAIC COUNTY COACH OF THE YEAR

Detach--------------------------------------------------------------------------------------------------Detach-------------------------------------------

**Fast Break Camp Registration Form 2020**

**Camper Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(M / F)** **Date of Birth**\_\_\_\_\_\_\_\_\_\_ **Grade In Sept**\_\_\_\_\_\_\_\_\_

**Age as of July 1**\_\_\_\_\_\_\_\_ **Cell#’s**: Mom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dad\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Emergency Contact Cell**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle week desired: Week 1: July 6-10 / Week 2: July 13-17**

*T-Shirt Size: (please circle one) YOUTH SIZES: YS 8-10 YM (10-12) YL (12-14) ADULT SIZES: S M L XL XXL*

I understand that any camper that does not abide by the rules and regulations of the camp is subject to dismissal without reimbursement or recourse. Camp will not be responsible for any injury or illness if same was not caused through fault of the camp. I hereby authorize the director of the camp or his designee to act for me in accordance to their best judgment in any emergency if I cannot be contacted. I hereby state that my son/daughter is in good health and able to perform any necessary physical tasks of the camp.

Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make checks payable to:** **FAST BREAK BASKETBALL CAMP or you can use the PAYPAL button on our website**

**Mail to:>>>>>>>>>>>>>>>*>>>>>P.O. Box* 522, *West Milford, N.J. 07480***