*34th ANNUAL*

## *FAST BREAK BASKETBALL CAMP*

*“2 Special Weeks of Basketball”*

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

**WHEN:   JULY 7-11 & July 14-18-  (Monday-Friday)**

###### TIME: ALL SESSIONS- 8:30 – 3:00 (Friday dismissal is at 2:00)

**WHO: BOYS AND GIRLS-     {GRADES 1-10 in Sept 2025}**

**COST: $275 PER WEEK-  *4TH CONSECUTIVE YEAR NO INCREASE!***

{FAMILY DISCOUNT:  $475.00 for 2ND Child, $650.00 for 3rd Child, $750.00 for 4 or more}

Venmo gladly accepted -  @john-finke

**Campers will get:** >>>>> REVERSIBLE ONE OF KIND JERSEY, CUSTOM DRI-FIT SHIRTS FOR AWARDS, ICE CREAM/POPS, WATERMELON, OVER 30 HOURS OF BASKETBALL

**WHAT TO BRING:**  **Refillable water bottle**, **Lunch or money for pizza (Snacks will also be sold during lunch), sneakers and shorts.**

###### Note:  PIZZA & CANDY WILL BE SOLD ALL WEEK

**BRING MONEY MONDAY!**

**Contact info: John Finke at 973-951-1171, Bob Henry at 201-400-9643 or McKenzie Morando at 862-377-4372**

**Email:** **johnfinke424@gmail.com****,** **bobhenrynj@gmail.com**, mckenzie.morando@wmtps.org

### *CAMP DIRECTOR- John Finke*

### 30 YEARS HEAD COACH WMHS, ALMOST 400 CAREER WINS, 4 CONFERENCE CHAMPIONSHIPS,

### 2 TIME PASSAIC COUNTY COACH OF THE YEAR, 2025 INDUCTEE INTO THE WEST MILFORD ATHLETIC HALL OF FAME

### *CAMP DIRECTOR- McKenzie Morando*

Current Head Boys’ Coach WMHS.  Point Guard and 3 year starter 2007-09 who led West Milford to 2 straight Sectional Finals.  Physical Education Teacher Macopin School and lifelong WM resident.

Detach—----------------------------------------------------------------------------------------------------Detach--------------------------------------------------------------

**Fast Break Camp Registration Form 2025**

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

**Cell#’s**: Mom\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dad\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

   **Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Emergency Contact name and cell**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please circle week desired:      Week 1:  July 7-11 /    Week 2:  July 14-18**

*Jersey Size: (please circle one) YOUTH SIZES:  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 child  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   Mail to:>>>*P.O. Box* 522, *West Milford, N.J. 07480***