

CATAWBA COLLEGE

WOMEN'S BASKETBALL

CAT-U GIRLS
BASKETBALL CAMPS
CATAWBA COLLEGE
2300 W. INNES ST.
SALISBURY, NC 28144



JULY 14-15
AGES 13-17

CAT-U GIRLS BASKETBALL

South Atlantic
Champions

2000-01

2002-03

2003-04

NCAA II Regionals

2000-01

2002-03

2003-04

2011-12

2013-14

Angie Morton

WBB Head Coach

Catawba College

Camp Director

20 years of Camp Experience!



The purpose of the Elite Camp is to provide the more advanced player top quality instruction to take them to the next level.

**More advanced Position Play
Competitive atmosphere
College Offensive Concepts
College Defensive Concepts
Advanced Shooting Drills
Player Evaluations
Position Play Chalkboard Session**

ELITE CAMP SCHEDULE

Day 1

9:00-12:00 Session I

12:00-1:00 Lunch

2:00-5 Session II

5:00-6:00 Dinner

7:00-9:00 Session III

Day 2

8:00-9:00 Breakfast Resident Campers

9:00-12:00 Final Session IV

Player Evaluations

**COST: \$100 DAY \$150 RESIDENT
Includes Camp T-shirt**

PHYSICAL EXAMINATION: All participants are required to bring their physicals at the time of check in

ARRIVAL/DEPARTURE:

Day and Resident campers will register between 8:00-8:45 am on Friday July 14th at Goodman Gym Lobby. The first session will start at 9:00 pm. Camp will end at 12pm on Saturday July 15th.

Resident campers need to bring:

**Pillow and sheets for single bed*

**Shower items, towels, etc.*



Please complete and return with payment:

**Cat-U Girls Basketball Camp
Angie Morton
2300 W. Innes St.
Salisbury, NC 28144**

**Make Checks payable to:
Angie Morton, Camp Director**

Name _____

Address _____

Phone _____

Age ____ School _____

Grade ____ Position _____

Adult T-Shirt size (circle) S M L XL

Elite Camp (July 14-15)

50.00 deposit due by June 30th

\$150 Resident ____ \$100 Day ____

Insurance—Each camp participant will be covered by secondary insurance while attending the camp. The insurance provides coverage secondary to the individual's family policy. If secondary insurance is used, the participant is responsible for the amount of the deductible.

Policy Holder's Name _____

Insurance Company's Name and Address

Policy No. _____

Emergency Contact Person _____

Phone number _____

The parent, by signing this enrollment form, hereby releases the camp and its instructors from liability for accident, injury, sickness, etc., which may occur.

Parent signature _____

**Call Angie Morton 704-637-4471 for more info
Or Terrence Baxter 704-637-4226**