

# **CATAWBA COLLEGE**

## **WOMEN'S BASKETBALL**

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



**JULY 13-14**  
**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*

*21 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 13th at Goodman Gym Lobby. The first session will start at 9:00 pm. Camp will end at 12pm on Saturday July 14th.*

***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 13-14)  
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  
acmorton@catawba.edu (for more info)  
Or Terrence Baxter 704-637-4226***