

CATAWBA COLLEGE

WOMEN'S BASKETBALL

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



JULY 19
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

Terrence Baxter
WBB Head Coach
Catawba College
Camp Director

22 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
Terrence Baxter
2300 W. Innes St.
Salisbury, NC 28144**

Make Checks payable to:

***Terrence Baxter, Camp Director
(NO PERSONAL CHECKS PLEASE!!)***

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 Terrence Baxter 704-637-4226,