

Appleton West Girls Satellite Camp

Email: brianbutchbasketball@gmail.com

Phone: 920-858-1241

Twitter:@BrianButchHoops

Brian Butch Basketball and Appleton West Girls Basketball are excited to offer a skill focused satellite camp for the Appleton West Girls Basketball Community.

- Small group and individual instruction from experienced coaches and players.
- Strong focus on fundamental skill work, and individual drills to help you improve.

Appleton West Girls Satellite Camp	June 12 th	3:00pm - 5:00pm	Girls	\$20	4 th -12 th
Appleton West Girls Satellite Camp	June 13 th	3:00pm - 5:00pm	Girls	\$20	4 th -12 th
Appleton West Girls Satellite Camp	July 26 th	9:00am - 11:00am	Girls	\$20	4 th -12 th
Appleton West Girls Satellite Camp	July 27 th	9:00am - 11:00am	Girls	\$20	4^{th} -12 th
				Total: \$20	

*Location: Appleton West High School

* Make checks out to AWYBA and mail forms and Checks to Brandon Reichenberger, 2313 S Telulah Ave, Appleton WI 54915

Full Name:	Age:	Grade this fall:	Phone:	
Address:		Parent's Name(s):		
City:		Email:		
State: Zip:				
Annlatan West Cirls Contact:		re information, please cor Butch Basketball Contact:	ntact:	Brian Butch Basketball Contact:
Appleton West Girls Contact: Brian But Jim Brown		Brian Butch		Logan Flora
		nbutchbasketball@gmail.c	com	Email: Coachflora@gmail.com
Phone:920-585-0208 Phone:		e: 920-858-1241		Phone: 920-284-1658
		Wavier and Release Form		

I certify that __________ (Childs Name) has my permission to participate in the Brian Butch Basketball Camps. I hereby release Brian Butch Basketball Camps (Event) and Brian Butch Enterprise, LLC (Company), and his employees from any liability, claims, lawsuits, etc. from any injury or illness that may result from participation in Brian Butch Basketball Camps (Event). I certify that my child is in good physical health and can participate in all camp activities. I further certify that the above camper has medical insurance in case of an emergency. Brian Butch Basketball camps (Event) and Brian Butch Enterprise, LLC (Company), the directors, and any staff shall not be held responsible for personal injury of any player or loss of individual property during the camp. I grant permission for the camp directors to act on my behalf in case of medical emergency. I understand that I am responsible for all medical expenses.

I,___________(Players Name) release Brian Butch personally and Brian Butch Basketball Camps (Event) from any liability, claims, lawsuits, etc. from any injury or illness I may suffer during my participation in any of the camps organized by Brian Butch or the Brian Butch Basketball Camps or Brian Butch Enterprise, LLC. I grant to Brian Butch Enterprise, LLC, the right to take photographs of me and my family in connection with the above-identified event. I authorize Brian Butch Enterprise, LLC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Brian Butch Enterprise, LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Signature of Parent

Contact in case of emergency