MENOMINEE SATELLITE CAMP



Brian Butch basketball will be in Menominee on April 14th. We are excited to be offering a satellite skills camp for any boys & girls going into 3rd-12th. We will be focusing on footwork, shooting, ball handling & concepts to help each individual become a better player.

Mass, small group and individual instruction from experienced coaches

Signature of Player

Strong focus on the fundamental sAutographs at the conclusion of ca			rills to help you improve	your game
Menominee Satellite Camp	•	I 14 th	9am-11am	3 rd -6 th
Menominee Satellite Camp	April 14 th		11:30am-2:30pm	7 th -12 th
Full Name:	_Age:	Sex	Grade this fall:	
Address:	_	Parent's N	ame(s):	
City:		Phone:		
State: Zip:		Email:		
Location: Menominee High School, 2101	18th St, Men	ominee, MI 4	<mark>9858</mark>	
Menominee Contact:	Rrian F	Rutch Basket	tball Contact:	Brian Butch Basketball Contact
Sam Larson/Lucas Chouinard	Brian Butch			Logan Flora
•	mail:brianbutchbasketball@gmail.com			Email:Coachflora@gmail.com
Email: Chouinarl@gomaroons.org	nail: Chouinarl@gomaroons.org Phone: 920-858-1241			
	,	Wavier and Re	lease Form	
I certify that	'	, , ,	·	. ,
release Brian Butch Basketball Camps (Event) from any injury or illness that may result from				· · · · · · · · · · · · · · · · · · ·
and can participate in all camp activities. I furt				
Basketball camps (Event) and Brian Butch Enter	erprise, LLC (Co	mpany), the dir	ectors, and any staff shall not	be held responsible for personal injury of
any player or loss of individual property during			for the camp directors to act	on my behalf in case of medical
emergency. I understand that I am responsible (Player			ersonally and Brian Butch Bas	ketball Camps (Event) from any liability,
claims, lawsuits, etc. from any injury or illness				
Basketball Camps or Brian Butch Enterprise, L				
connection with the above-identified event. I same in print and/or electronically. I agree that			_	
lawful purpose, including for example such pu				
Gignature of Davant		Contactic	acc of amorgan ar	
Signature of Parent		Contact in C	ase of emergency	