

Signature of Player

## Steven's Point Pacelli Satellite Camp

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Brian Butch Basketball and Steven's Point Pacelli Basketball are excited to be offering a skills focused satellite camp for the Pacelli Basketball Community. We will be focusing on all of the aspects you will need to improve your game, such as ball handling, shooting, and passing to name a few.

<ul> <li>Small group and individual inst</li> </ul>	ruction from 6	experienced c	oaches and	players.			
<ul> <li>Strong focus on fundamental s</li> </ul>	kill work, and	individual dri	lls to help yo	ou improve.			
SP Pacelli Satellite Camp		June 14 <sup>th</sup> 5:00pm to 7:00 pm		m to 7:00 pm	5 <sup>th</sup> -12 <sup>th</sup>	\$25	
SP Pacelli Satellite Camp		ly 17 <sup>th</sup>	•	m to 10:00 am	5 <sup>th</sup> -12 <sup>th</sup>	\$25	
		une 14 <sup>th</sup> and July 17 <sup>th</sup>			5 <sup>th</sup> -12 <sup>th</sup> \$45		
			•				
*Location: Steven's Point Pacelli I	High School	*Registe	r your child f	or the grade they	will be enteri	ng next school year	
Full Name:	Age:	Grade th	is fall:	Phone:			
Address:							
City:		Email:		<del> </del>			
State: Zip:		Circle (1)	T-Shirt Size:	Youth: SM M LG	Adult: SM	M LG XL XXL	
*Please make checks out to Brian But	ch Basketball.	and mail with	this form to	Jake Jalling 725 P	rentice St, Ste	vens Point, WI	
54481, Unit E: or hand deliver to Jake				_			
	For mo	re information	on, please c	ontact:			
Steven's Point Pacelli Contact:	<b>Brian Butch Basketball Contact:</b>			act:	Brian Butch Basketball Contact		
Jake Jalling	Brian Butch					Logan Flora	
Email: jakejalling@gmail.com	Email: brianbutchbasketball@gmail.com			l.com	Email: Coachflora@gmail.con		
Phone: 715-316-9941	Phone: 920-858-1241				Phone: 920-284-1658		
		Wavier and R	elease Form				
I certify that	(Childs			participate in the Bri	an Butch Basket	ball Camps. I hereby	
release Brian Butch Basketball Camps (Eve							
from any injury or illness that may result fr	om participation	in Brian Butch	Basketball Car	nps (Event). The par	ticipant is releas	ing Brian Butch	
Enterprise, LLC (Company) and his employe							
camp activities. I further certify that the ab							
Brian Butch Enterprise, LLC (Company), the							
individual property during the camp. I gran I am responsible for all medical expenses.	t permission for	the camp direct	tors to act on	my benaii in case oi	medical emerge	ncy. i understand that	
I,(Plan	vers Name) relea	se Brian Butch i	nersonally and	l Brian Butch Basket	hall Camps (Ever	nt) from any liability	
claims, lawsuits, etc. from any injury or illn							
Basketball Camps or Brian Butch Enterprise	•	0 , .	. ,		•		
connection with the above-identified even							
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 pul	olicity, illustratio	on, advertising	, and Web content.			
Signature of Parent	_	Contact in	case of emerg	gency			