



**Women's Basketball**  
**Elite High School Position Camp**  
**June 17-18, 2011**

**Camp Info:** Players will be divided into small workout groups according to their individual position and will receive 10 hours of specialized instruction for that specific position from CSU-Pueblo players and coaching staff. Each session will also include competitive games and contests in which players can showcase their talents and practice their new skills.

**Ages:** 9<sup>th</sup> – 12<sup>th</sup> grade

**Sessions:** Session 1: Day 1 1:30 – 4:00 pm \*\* Please Arrive at 1:00 pm for registration  
Session 2: Day 1 6:00 – 8:30 pm  
Session 3: Day 2 9:00 – 11:30 am  
Session 4: Day 2 1:30 – 4:00 pm

**Location:** Massari Arena on the campus of CSU-Pueblo

**Commuter Camper:** \$100.00 if registered on or before June 5, 2011/ \$110.00 if registered after June 5, 2011

**Overnight Camper (includes one night in the dorm/3 meals)**

\$150.00 if registered on or before June 5, 2011/ \$160.00 if registered after June 5, 2011

\*\*\*If you desire dorm space to stay please contact Coach Haywood at 719-549-2572 to make arrangements\*\*\*

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**2011 Camp Application**

Mail completed application form and camp fee to:  
**Colorado State University – Pueblo Women's Basketball**  
**2200 Bonforte Blvd., Pueblo, CO 81001**

**Camper Information**

Name: \_\_\_\_\_ Shirt Size: Youth or Adult - S M L XL  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Age: \_\_\_\_\_ Fall '10 Grade: \_\_\_\_\_ Fall '10 School Attending: \_\_\_\_\_  
Position: Post Wing or Point Guard  
Overnight Camper: Y or N

**Parent/Guardian Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

**Medical Information**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Last Physical: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

**Parent's Release for Medical Treatment**

I approve of my child's attendance at the CSU-Pueblo Thunderwolf Women's Basketball Camp and certify that she is in good health and able to participate in all camp related activities. I hereby authorize the director(s) of this camp to act for me according to their best judgment in any emergency requiring medical attention, including treatment by a medical professional.

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Parent/Guardian Signature Required

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Date