COLLEGE COACHES ID CAMP

COLLEGE BASKETBALL SKILLS / EVALUATION / TRAINING 1 DAY CAMP – WORK with ONLY COLLEGE COACHES

21

LIMITED

SPACES

This is NOT a typical event

where players play 5 on 5 for hours and coaches watch from the stands. College Coaches are on the court training and working with each athlete for an entire day! Get real guidance and input from a team of College Coaches. *Register now!* SPACES ARE LIMITED!



NCAA, NAIA COACHES & JUNIOR COLLEGES

LOCATIONS:

	2015 Saturday:	<u>MAY 2</u>	<u>MAY 9</u>	<u>MAY 16</u>	<u>MAY 23</u>	<u>MAY 30</u>
	Las Vegas, NV.	X	X	MEN	X	WOMEN
111	SLC, Utah	MEN	x	WOMEN	x	x
	Tacoma, WA.	X	MEN	X	X	WOMEN
	Orlando, FL.	Х	x	x	MEN	WOMEN

OVER 1,000 PLAYERS PLAYING IN COLLEGE!

- **V** YOU WILL BE EVALUATED by COLLEGE COACHES.
- WORK on THE COURT with COLLEGE COACHES.
- PARENTS Q & A SESSION.
- **V** ALL ATHLETES WILL PLAY 2 PLAYER POSITIONS.
- **V** PLAYERS WORK 1-on-1 with each COLLEGE COACH.
- **V** BE INDIVIDUALLY TRAINED ON COLLEGE LEVEL SKILLS.
- **V** SHOW SKILLS at 1-on-1, 3-on-3, 5-on-5, Game Skills and more!
- COMPETE AGAINST OTHER TOP PLAYERS.

BE SEEN BY COLLEGE BASKETBALL COACHES

FOR INFORMATION and REGISTRATION CLICK BELOW:

https://fv120.infusionsoft.com/app/page/bbshowcase or CODE:

QUESTIONS: (800) 467-7885 or TEXT: "SCHOLARSHIPS" to 99000











SCAN



WORK ON COURT WITH COLLEGE COACHES

REGISTER BEFORE CAMP:\$400.00REGISTER AT THE DOOR:\$ 50.00

\$400.00 \$ 50.00 Late Fee



SCAN



CALL: (800) 467-7885 SKILLS SHOWCASE SCHEDULE:

	The BASKETBALL DOCTOR ${f s}$ is a division of SPORTAMERICA ${f s}$						
	TIME	ACTIVITY	DESCRIPTION				
NATION	7:30 to 8:30 am	REGISTRATION	 Register for Showcase. Meet with your assigned Coach. 				
	8:30 to 9:00 am	PARENT MEETING	 Meet with Showcase Directo Guidelines for Showcase. 				
NCAA	9:00 to 11:00 am (4 Baskets for each Position) Position #1: Point Guards Position #2: Perimeter Position #3: Post Players	SESSION 1: SKILLS EVALUATION	 Post, Perimeter and Point Guard Breakdowns. Each player works 2 position Athletes put through college level skills training. Teams of 3 v 3 Players and College Coaches eat together in small groups ATHLETES BRING A LUNCH F.T. Competition 3 Point Competition Jump Shot Competition 				
O STATES COLLECIATE ATHLETIC ASSOCIATION	11:00 to 1:00 pm 1:00 to 1:30 pm	SESSION 2: 3 on 3 Jamboree					
	1:30 to 3:00 pm	SESSION 3: SKILLS SHOWCASE					
	3:00 to 3:20 pm	BREAK / SNACKS	• Snacks provided by Showcas				
	3:30 to 5:30 pm	SESSION 4: TEAM JAMBOREES	 5 v 5 Team Jamborees Each team plays 2 five minut quarters against every team. PARENTS WELCOME to ATTEND 				
	5:30 to 5:45 pm	SESSIO	N BREAK				
RGGAA 📀	5:45 to 6:15 pm	Q & A SESSION	 Q & A Session with Coaching Director(s) / Staff. ALL PARENTS / ATHLETES. 				
HCCAA	6:15 to 7:00 pm	TEAM MEETING with COACHES	 1 on 1 Evaluation Training Tips, Fast Facts. 				
VCCAH	7:00 to 7:30 pm	VISIT WITH COACHES	Opportunity to visit <u>with</u> College Coaches.				
	7:30 PM	END of SHOWCASE	Dismissal of all Athletes				

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ATHLETE REGISTRATION: *Must be a H.S. VARSITY or JUNIOR COLLEGE PLAYER*

BASKETBALL DOCTOR

DATE:LOCATION:												
STUDENT ATHLETE	PPG:	FT%:										
GRADUATION YEAR	, etc.) RPG:	FG%:										
GENDER: Male / Femal	SPG:	3PT%:										
	APG:	T.O.PG:										
E-MAIL:STATISTICS:_												
CELL PHONE: () HOME PHONE: ()												
PLAYER POSITIONS (CIRCLE POSITIONS YOU HAVE PLAYED: POINT SHOOTING SMALL POWER CENTER												
GUARD		FORWARD	FORWARD	U LITILI								
CIRCLE HIGHEST LE	VEL YOU HAVE PL	AYED AT:										
Varsity Member /	Varsity Starter / C	lub Team										
IVE MADE: All Tournament / All Region / All Conference / District Team / All County Team / All State												
IF YOU HAVE A VARSITY LETTER, HOW MANY? (In your Top Sport Only) 1 2 3 4												
WHAT TYPE OF CONTACT (if any) HAVE YOU HAD FROM COLLEGE COACHES:												
NONE / Form letter / Personal Letter or E-mail / Text Message or Phone Call / In Home Visit												
HIGH SCHOOL:		спту:		STATE:								
HIGH SCHOOL:												
PARENT / GUARDIAN NAME(S):/												
DAD /Guardian Day Phone: ()												
HOME PHONE: ()	E-MAIL:										
HOME ADDRESS:												
CITY STATE / ZIP:												
	and for INFORM	A <i>TION</i> GO TO:										
https://fv120.in	fusionsoft.com/a	pp/page/bbshov	vcase or SCAN C									
	800) 467-7885 o			7669475-14 I								
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PAYMENT: \$ CC: VISA / MC / AMEX / DISCOVER (NO CHECKS)												
CC #:		EXP	DATE:	CID:								
MAILING ADDRESS:												
PHONE: (800) 467-7885 / (801) 253-3360 FAX: (801) 253-3361 DO NOT COPY ALL RIGHTS RESERVED® The BASKETBALL DOCTOR® A Division of SPORTAMERICA®												
\$400.00 before CAMP / \$50.00 Late Fee at Door												