

COMET CAMP HIGHLIGHTS

- Ball handling & passing skills
- Shooting technique
- Defensive skills
- Teamwork
- Scrimmages
- Basketballs provided
- Play at half-time of HLA games
- Help from HLA varsity players & coaches
- Devotions/prayer

BOYS PROGRAM (9:00 - 10:15 AM)

Boys Program Directors:

Gregg Preston, Wayne Stender, Kyle Knutson, and HLA basketball team.

GIRLS PROGRAM (10:30 - 11:45 AM)

Girls Program Directors:

Gregg Preston, Wayne Stender, Charlie Brue and HLA basketball team.



- REGISTER your child before Saturday, December 3rd

- All GIRLS and BOYS in grades 1-6 from Fergus Falls and the surrounding area.

- REGISTRATION Fee \$40

- FREE JERSEYS for all first-year players.

- Starts Saturday January 7th

- Late registrations accepted.

- CONTACT Wayne Stender (218) 739-3371
610 Hillcrest Dr.
Fergus Falls, MN 56537
wstender@ffhillcrest.org

January-March SCHEDULE

Week 1	January 7
Week 2	January 14
Week 3	January 28 (Game Day)
Week 4	February 11
Week 5	February 25
Week 6	March 3 (End of Year Party)

HILLCREST ACADEMY

COMET CAMP

SATURDAY MORNING BASKETBALL CAMP FOR BOYS & GIRLS IN GRADES 1-6



WINTER SESSION JANUARY 7, 2012 - MARCH 3, 2012

Register Any Time
Call Wayne Stender, 739-3371

LEARN BASKETBALL • GROW SPIRITUALLY

2012 Winter Comet Camp

Registration / Release Form

Before your child(ren) may participate in Comet Camp, agreement with the statement below must be acknowledged by a parent or legal guardian:

"The undersigned hereby release Hillcrest Lutheran Academy and its respective officers, directors, members, agents, and employees, from any liability for personal injury, damages or loss of property that may occur as a result from participation in the 2010-2011 Hillcrest Saturday Morning Basketball Program."

I have read and understand the above statement and release my child(ren) to participate in Comet Camp.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ **Grade:** _____ **Gender:** M F
If first time participating - Jersey Size: YS YM YL S M L XL

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If first time participating - Jersey Size: YS YM YL S M L XL

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone: (home) _____ (work) _____ (cell) _____ (cell) _____

Email address(es): _____

Cost: \$40 per child **Payment:** Cash _____ Check # _____
(families with 2 participating children, \$60; families with 3, \$80)

Parents are encouraged to stay for coffee and fellowship.

If you are available to assist on some Saturdays with coaching, please indicate here by circling the age level(s):

Boys: Grades 1-2 Grades 3-4 Grades 5-6

Girls: Grades 1-3 Grades 4-6

We look forward to working with your child for the next few months in learning basketball skills, teamwork, and spiritual development.

Thank you for your participation!

