

Return this permission slip along with \$115 payment, payable to;

SCF CE

Dahlman Basketball Camp

PO Box 130

St. Croix Falls, WI 54024.

If your child is in the School District of St. Croix Falls, return it in an envelope marked SCF CE.

Camper:

First Name _____

Last Name _____

Age ____ Grade ____

(2018-2019 School Year)

Address _____

Camp time phone number where parent can be reached:

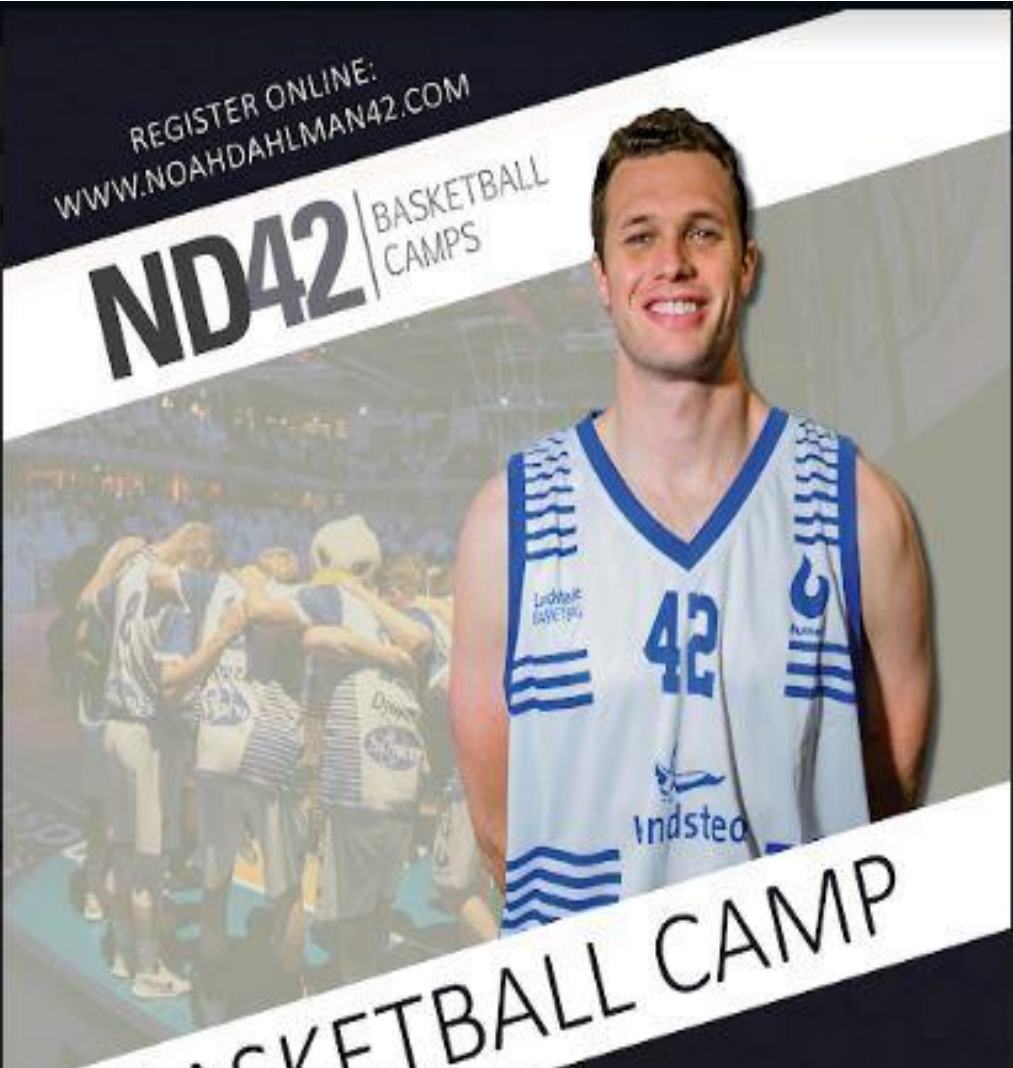
Parent Cell Phone: _____

Parent Signature: _____

Upon returning this form, along with \$115, you are enrolled in the clinic and will not get a notice unless the clinic is cancelled. All campers must provide their own insurance. The School District of St. Croix Falls, nor anyone instructing this camp is responsible for any injuries that may occur at camp.

REGISTER ONLINE:
WWW.NOAHDAHLMAN42.COM

ND42 | BASKETBALL CAMPS



BASKETBALL CAMP

ST.CROIX FALLS, WISCONSIN
ST.CROIX FALLS HIGH SCHOOL

JUNE 11TH - JUNE 13TH
BOYS AND GIRLS
ENTERING 4TH - 12TH GRADE
FROM 12:30 P.M. - 4:30 P.M.

\$115,- PER CAMPER
INCLUDES CAMP T-SHIRT

- ESTABLISHED IN 2012
- CAMPS IN 15 DIFFERENT STATES
- 5 PROFESSIONAL AND COLLEGIATE BASKETBALL PLAYERS AS STAFF MEMBERS.
- CAMP PROGRAM THAT IS CENTERED AROUND THE DISCIPLINE OF THE GAME AND EMPHASIS ON MENTAL TOUGHNESS

WIN THE OFF-SEASON

**THERE WILL COME A TIME
WHEN WINTER WILL ASK,
"WHAT HAVE YOU DONE THIS SUMMER?"**

