

STAFF *Our camp is staffed by some of the areas top High School coaches and players.*

ACTIVITIES *Each day campers participate in drills, lectures, team games and contests. On a daily basis campers are instructed, through station drills in all areas of the game with special emphasis on shooting.*

LUNCH Campers should bring their own lunch and drinks which will be stored during the day.

T-SHIRT Each camper will receive a tee shirt at the end of the week. Please register by June 15th to ensure the proper size

EVALUATION Campers receive a written evaluation of their skills at the end of the week.

Berkeley Basketball School
633 Spruce Street
Roselle Park, N.J. 07204

BERKELEY BASKETBALL



**SCHOOL
2015
JULY 6-10
For Boys
Boys and girls
Entering grades
4-9
Gov. Livingston
H.S.**

The Berkeley Basketball School is committed to teaching the fundamentals of Basketball appropriate to the age of our campers to give them the correct path in their development. Our coach –camper ratio of 8:1 is the lowest in the area and provides for maximum individual instruction. Campers are grouped by age and ability. Facilities include two large gyms. We put a strong emphasis on the development of offensive skills especially shooting instruction

Camp Hours 9:00-2:30 PM

Friday camp ends at 1:30

For information including directions Call (908) 241-0123 or e-mail at:
berkeleybasketball@gmail.com

TUITION: \$200.00 Please write or call about family discounts

Refunds for injuries only only.

DIRECTORS

STEVE PETRUZZELLI

With 38 years of basketball experience, 36 as a head coach, Formerly the head coach at Gov. Livingston, Union Catholic, Johnson high Schools.

DAVE BOFF

Currently the Head Boys Coach at nationally ranked Roselle Catholic High School, the 2015 number one team in New Jersey.

JOE REEL

A veteran at many prestigious camps, Coach Reel has been on the Gov. Livingston staff for 5 years. An excellent developer of young players.

Please make checks payable to:

Berkeley Basketball School
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APPLICATION (please print)

NAME _____ M ___ F ___

ADDRESS _____

TELEPHONE _____

E MAIL _____

EMERGENCY NO. _____

DATE of BIRTH _____

AGE _____ Ht _____ Gr. Sept. 2015 _____

-Shirt size (circle) YL AS M L

Proof of Insurance:

Policy number _____

Company _____

Please list any known medical conditions:

I give my consent for my child to participate in all camp activities and to provide emergency medical care. I declare my child to be in good medical condition. I state I have adequate medical coverage and will not hold Berkeley Basketball School LLC or the Berkeley Heights Board of Ed liable for injuries

Signature _____

He has worked with every age and level of players. He is currently the Head Boys Basketball coach at Livingston High School

Please make checks payable to:

Berkeley Basketball School

and mail to:
Park, N.J. 07204

633 Spruce Street

Roselle