



WAWASEE BASKETBALL



WAWASEE WARRIORS SUMMER BASKETBALL CAMP

JUNE 17-18-19, 2025

GRADES K-8TH

(2025-26 school year)

THE WAWASEE WARRIORS SUMMER BASKETBALL CAMP is for everyone! Players that are just learning to play as well as experienced players that need to improve their skills are welcomed and encouraged to attend. THE WAWASEE WARRIORS SUMMER BASKETBALL CAMP will focus on teaching and expanding players' fundamental skills. Campers will also have the opportunity to compete in daily competitions including 1 on 1, 3 on 3, and 5 on 5 games.

Location: Wawasee High School - Main Gym

Dates: Tuesday, June 17th, Wednesday, June 18th, and Thursday, June 19th

Session One – SKILLS CAMP:

Cost: \$25

Time: 11:00 AM to 12:30 PM

- ❖ Campers will receive instruction on fundamentals, daily competitions, a camp water bottle, and lunch.
- ❖ Campers should arrive around 10:50 am and be picked up at 12:30 PM.

Session Two – COMPETITION CAMP:

Cost: \$40

Time: 1:00 PM to 2:30 PM

- ❖ Campers will compete in competitive games during the entirety of the camp and receive a T-shirt. A free-throw champion from each grade level will be crowned after camp session two.
- ❖ Campers should arrive around 12:50 AM and be picked up at 2:30 PM

Both Sessions – SKILLS AND COMPETITION CAMP:

Cost: \$50 from 11:00 AM to 2:30 PM

- ❖ Campers should arrive around 10:50 AM and be picked up at 2:30 PM.
- ❖ Campers are encouraged to attend both camp sessions, but it is not a requirement

PAYMENT AND REGISTRATION INFORMATION:

PLEASE Register Online at one of the links below. This helps to ensure we get T-shirts ordered on time.

- ❖ www.wawaseebasketballcamps.com – To register and pay online:
- ❖ [Wawasee Warriors Summer Camp](#) – To register, but pay in person when arriving on the first day of the camp
- ❖ In-person – Campers can also register and pay on the first day of camp.

Cash or Check accepted. Please make checks payable to Wawasee Boys Basketball

Camper Name: _____ Parent Name: _____

Grade Level (25-26): _____ Email: _____ Phone Number: _____

T-Shirt Size: YS YM YL AS AL AXL

"I hereby authorize the directors of THE WAWASEE WARRIORS SUMMER BASKETBALL CAMP to act for me according to their best judgment in any emergency requiring medical attention."

Parent Printed

Name: _____ Parent Signature: _____

For additional information please contact Coach Joe Luce (text or call) 765-661-3357 - (email) joeluce080470@gmail.com