JEFF BURKHAMER’S
“SHOOT FOR THE STARS” BASKETBALL CAMP
ARMSTRONG ATLANTIC STATE UNIVERSITY

LAST YEAR'S CAMP WAS
A NEAR “SELL OUT”
SO ENROLL EARLY!

WE TEACH MORE THAN JUST BASKETBALL!
THE BEST BASKETBALL CAMP IN SAVANNAH!!

WHEN? JUNE 14-18, 2004 8:30 A–12:00 N AND/OR 1:00–4:30 P
AUGUST 9–13, 2004 8:30 A–12:00 N
COST? $75.00 PER SESSION WHO? FOR BOYS AGES 6-14
SPECIAL REDUCED PRICE FOR ATTENDING MULTIPLE SESSIONS

CAMP HIGHLIGHTS:
** Free Camp Jersey ** Individual Workout Program
** Individual Instruction ** Camp Certificate
** Team Competition ** Student – Athlete Program
** Emphasis on Fundamentals ** Air Conditioned Gym
** Daily Contests ** Limited Enrollment
** Teaching groups, teams, and contests determined by age, size, and skill

FREE BASKETBALL FOR ANYONE ENROLLING BEFORE JUNE 1ST
TWICE THE INSTRUCTION FOR HALF THE PRICE . . .
FOR MORE INFORMATION CALL: 921 5683
APPLICATION FOR ENROLLMENT
Jeff Burkhalter, Camp Director  Armstrong Atlantic State University
11935 Abercorn Street, Savannah, GA 31419
Office: 912-921-5683

Camp fee is $75.00 for an individual session.
If attending two sessions camp fee is $130.00. ($20.00 Savings)
If attending three sessions camp fee is $195.00. ($30.00 Savings)
**Camp fee must accompany application**

Refund Policy: A $10.00 application processing fee will not be refunded. There is
no refund for “no shows” or withdrawal from camp once it has started.

Make checks payable to: AASU

Name: __________________________________________

Last
First

Address: __________________________________________

City/State/Zip: _______________________________________

Phone: ___________________________ Age: _______ Grade next year: _______

School: __________________________________________

Sessions of Choice: __________ June 14 - 18 8:30 A - 12:00 N Session I
June 14 -18 1:00 P - 4:30 P Session II
Aug. 9 -13 8:30 A - 12:00 N Session III

Jersey Size: (Circle One) Youth M L
Adult S M L XL

WAIVER AND RELEASE: I give my consent and approval to the participation of
my son in the “Shoot For The Stars” Basketball Camp. I certify that he is
physically fit to take part in all activities. I give my consent for medical treatment
in the event of injury or illness. I will not hold the camp authorities responsible in
case of an accident or illness, regardless of their negligence or fault.

Signed _____________________________ Date ________________________

(Parent or Guardian)

A confirmation letter will be sent to each camper upon receiving camp application.