



SPRING BREAK SKILLS CAMP

D.C. Everest Middle School

March 29-30

Date	Grades	Time	Cost
March 29-30	Boys and Girls Grades 5-8	9AM-11AM <u>AND</u> 12PM-2PM	\$95

For More Information Contact: Mike Lee mike@mikeleebasketball.com 715.563.5463

Players Need to Bring A Ball, Clearly Marked, To Use For the Workouts

Includes a FREE T-Shirt! Limited to 48 Players! New Drills!

ATTACKING THE RIM
SCORING FROM THE TRIPLE THREAT
DRIBBLING IS FOOTWORK
ADVANCED BALL HANDLING CONCEPTS

INNOVATIVE TENNIS BALL DRILLS
FINISHING IN TRAFFIC
CREATING SPACE
OPEN COURT TRANSITION SKILLS

DIRECTOR-LUKE MEIER



Former College Player and Coach
 Skill Development Trainer
 Camp Director

Check Out Videos of Luke
 On our website!
www.mikeleebasketball.com

The focus of this camp is high intensity, offensive individual instruction. Unlike traditional camps, players will each be working with a *ball in their hands* almost the entire time they are at camp. Workouts will focus exclusively on ball handling, 1 on 1 play, attacking the rim, and passing under pressure. Luke will show you how he trains middle school, high school, NCAA DI, and professional players on the fundamentals of the game. He'll also demonstrate NBA scoring and dribble moves and how you can apply them to your game. In 2009 alone, Mike Lee Basketball trained over 2,000 players. Don't miss out in 2010!

Check Out Videos and More Information Online

www.mikeleebasketball.com

REFUNDS WILL NOT BE ISSUED

DEADLINE: March 21, 2010

Return with a payment to Mike Lee Basketball, 1660 North Prospect Ave #703, Milwaukee, WI 53202

Last: _____ First: _____ T-Shirt Size (Adult) S M L XL

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

WAUSAU SPRING BREAK *Email required for confirmation of registration

I hereby grant permission for my son/daughter to attend the *Mike Lee Basketball Camp*. I also grant permission to *Mike Lee Basketball* to act for me according to their best judgment in any emergency requiring medical attention and hereby waive *Mike Lee Basketball Camp Staff* and/or, the D.C. Everest Area School District from any and all liability incurred while at camp.

Parent/Guardian Name _____ Parent/Guardian Signature _____

Emergency Phone # _____ Date _____

All campers must have their own medical insurance. Please notify us of any medical needs you may have while at camp.

Name of Insurance Company _____ Policy # _____