Snow Valley Basketball School

1 of 2 camps mentioned in SPORTS ILLUSTRATED as a great teaching camp.

Check us out on the web at www.snowvalleyiowa.com

2009's Snow Valley Camp was a sellout.
Register soon for the 2010 Camp

Directed by
Don Showalter • Jerry Slykhuis

America's Best Basketball School
5 Day Camp
For players grades 6-12

July 18-22 & July 27-31
at Wartburg College in Waverly, IA
July 25-29 at Nebraska Wesleyan in Lincoln, NE

Snow Valley Basketball School
P.O. Box 146
Wellman, Iowa 52356

To complete the application, please:
1. Type in the information
2. Print out the application
3. Sign the application
4. Mail to the address on the application with credit card or check payment for the full amount.

For further information call: Don Showalter (319) 936-0310 • Jerry Slykhuis (319) 504-6025

APPLICATION

Send Application to: Snow Valley Basketball School
Don Showalter
Box 146
Wellman, IA 52356

Tuition Fee For Each Session - $355.00
Enclose check for *full amount only* or charge to credit card
Credit Card Payment ___ Visa ___ MC # _____
Exp. Date _____ Signature _____

Check Session and Location *Wartburg College July 18-22* ____ *July 27-31* ____ *Nebraska Wesleyan July 25 - 29* ____

Name (*please print clearly*) Last _____ First _____
Mailing Address _____ City _____
State _____ Zip _____ Home Phone ( ) _____
School _____ Grade in School (Sept. 2010) _____ Height _____
Email Address: _____
Daytime emergency phone number _____
Please note any medical conditions that we should be aware of: _____

I hereby authorize the Directors of Snow Valley Basketball School to act for me according to their best judgement in any emergency requiring medical attention and I hereby waive and release Snow Valley Basketball School from any and all liability for any injuries or illnesses incurred while at Snow Valley Basketball School. I will be responsible for any medical or other charges in connection with my son's attendance. I know of no medical or physical problem which may affect my child's ability to safely participate in this program.

Parent or Guardian's Signature _____
Parent's Insurance Company _____ Policy Number _____