



# “HOT WINGS” Hoop Camp



Sponsored by  
**LAKESIDE GIRLS’ BASKETBALL PROGRAM**

**DATES :** Tuesday, May 28<sup>h</sup> – Thursday, May 30<sup>th</sup> (4:00– 6:00 pm) --- entering grades 3-8 in Fall ‘19

**PLACE:** Lakeside High School (9 Mile Falls)

**\*\*\* Transportation provided for Nine Mile School District students**

**\*\*\***Lakeside MS – catch Route 13 to LHS

**\*\*\***Lake Spokane Elem – catch Route 13 to LHS

**\*\*\***9 Mile Elem – catch Route 1 or 2 to LHS (after school is released)

**FEE & DEADLINE:** \$40 per player (incl. t-shirt) by Friday, May 24<sup>th</sup>

**\*\*\* \$20 non-refundable deposit due with registration. Remaining \$20 balance to be paid on first day of camp  
Or full payment may be made with initial registration**

**PAYMENT:**

**\*\***Make checks payable to: Lakeside HS

**\*\***Please mail your \$20 non-refundable deposit or full balance with registration to:

Lakeside Girls’ BB  
c/o Jeff Pietz  
5909 Highway 291  
Nine Mile Falls, WA 99026

**GOALS**

**\*\*** To teach and improve individual and team skills.

**\*\*** To provide a fun and challenging experience.

**DIRECTORS**

Jeff Pietz: Lakeside HS Head Coach & Dave Eastwood: Lakeside HS Asst. Coach

**\*\*\*** Current and former players of the Lakeside Girls basketball team will also assist at the camp.

Questions?: Contact: **Jeff Pietz** (509) 340-4206 or [jpietz@9mile.org](mailto:jpietz@9mile.org)

**\*\*\* Please remember to bring a snack and water bottle each day**

(tear below)

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**REGISTRATION** (Please mail back to Lakeside HS with deposit)

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**GRADE IN FALL '19** \_\_\_\_\_ **SCHOOL IN FALL** (circle one) Lakeside MS Lake Spok. Elem. 9 Mile Elem. Other \_\_\_\_\_

**T-SHIRT SIZE** (preferred) Youth SMALL Youth MEDIUM Youth LARGE Adult SMALL Adult MEDIUM Adult LARGE

**INSURANCE WAIVER:** I/we relieve Lakeside HS and their agents of all liability for injuries or illnesses occurring as a result of participation in this camp.

I certify that my daughter is covered by my/our insurance plan.

Insurer \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_