## Pittsford Basketball Camp

## Run by Viking Hoops Combined Sectional Champion

## 20 Combined Sectional Championships

The mission of the Pittsford Basketball Camp is to provide an atmosphere for fun and learning. Daily station drills will be used to break down the fundamental aspects of the game as well as teach game situation skills. A good balance of game competition and fundamental drills can be expected. This camp also provides an exciting opportunity for the coaches and athletes within the local school district to connect and create relationships that will hopefully last through high school and beyond. See the camp website for further information.

Camp Directors: Bob Nally-Pittsford Mendon Boys Varsity, 2015-present
Derrick Kemp-Pittsford Sutherland Boys Varsity, 2024-present

Contact: (585)750-9497.... bobnally@gmail.com.....www.bobnally@gmail.com

Pre-registration: The registration form and a non-refundable \$50 deposit is encouraged by June 30, 2025 in order to guarantee space is available. However, late registration will likely be possible. Full balance accepted prior to but, no later than the first day of camp.

Check payable: Viking Hoops

8 Lands End Rise Pittsford NY 14534

Venmo: @Bob-Nally

\* Refund (less \$50) is available up to one week prior to camp start date by notifying Camp Director.

Cut here						
			Registration	n Form		
Name:				Age:	Grade Fall '25	
Address:Parents Name:			School			
			Phone:		Email:	
Emergency Contact:			Phone:			
<b>Check Line Below</b>						
<b>Sessions:</b>	Grade	Site	Time	Fee	<b>Shirt Size: (Circle One)</b>	
July 7-10	$1^{st} - 8^{th}$	MHS	9am-12pm	\$180	YS YM YL	
July 14-17	$4^{th}-8^{th}$	MHS	9am-3pm	\$270	S M L XL	
or other expenses inclu emergency treatment if	iding loss of per f necessary. The	sonal items. e participant l	As legal Guardian below and his/her	n of the parti family assur	onsible for accidents resulting in medical, dental, cipant below, I grant permission to provide me the risk of injury while participating, therefore, ttsford Central Schools from liability.	
Parent/Guardian's Sign	nature:					
X			Date:	Insurance Pr	rovider	
Policy Number:						