



# Irondale Boys Basketball Camp 2017

**Open to all incoming  
3rd - 12th Grade Boys**



**Mounds View**  
PUBLIC SCHOOLS  
Community Education

651-621-7402

Basketball camps are one week and will be directed by Irondale Varsity Basketball Coach Jon DeMars and his Knights coaching staff. Here's an opportunity to enhance your fundamental skills and work to improve through instruction from the High School coaching staff. Campers will receive instruction in shooting, dribbling, passing, footwork, ball handling, man-to-man defense and team play. All participants will receive a special camp t-shirt. Having fun and self improvement will be stressed.

Jon DeMars—Coach

**All camps are Monday—Friday.**

**Fee: Register by May 15 and pay \$75.00, After May 15 pay, \$85.00**

**All Boys Basketball Camps held at Irondale High School - Varsity Gym**

Grades 3 - 5    June 26 - June 30    M - F            9 am - 11:15 am    Activity Code: S17- BBB35

Grades 6 - 9    June 12 - June 16    M - F            9 am - 11:15 am    Activity Code: S17- BBB69

Grades 10 - 12    June 19—June 23    M—F            9 am - 11:15 am    Activity Code: S17- BBBHS

**How To Register—Pre-registration and payment required (Phone registrations are not accepted)**

1. Register on-line using a Visa, Discover or MasterCard at: [www.moundsviewschools.org](http://www.moundsviewschools.org)  
Select Community Education, Youth Programs, Camps, 2017 Summer Camps
2. MAIL completed form and payment to: Community Education-Snail Lake Education Center,  
350 W Hwy. 96, Shoreview, MN 55126 Attn: Summer Programs

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Activity Code \_\_\_\_\_ Fee: \$75 If you are registered by May 15, After May 15, pay \$85

*Please print clearly*            Name of School Student will be Attending in the Fall \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade Entering in Fall 2017: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Indicate t-shirt size: Youth:    \_\_\_S \_\_\_M \_\_\_L    Adult:    \_\_\_XS \_\_\_S \_\_\_M \_\_\_L \_\_\_XL

Parents Email: (confirmations will be sent via email only): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Amount Enclosed \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ (payable to ISD 621)

Charge my: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit CVN Code: \_\_\_\_\_

Card Holders Signature (required) \_\_\_\_\_

Card Holders Name as it appears on credit card (required-please print) \_\_\_\_\_

**Refund/Cancellation Policy: All cancellations/refund requests must be received by  
Community Education a minimum of 7 business days before the camp starts.**

**After that time, no refunds or credit vouchers will be issued.**