



## Lil' Dreamers Summer Shooting Academy 2010

Hoop Dreams Basketball is excited to announce another great opportunity. **The 3<sup>rd</sup> Annual Lil' Dreamers SUMMER BASKETBALL ACADEMY!** The Academy's focus will be related to shooting and scrimmaging, taught over a four week time-frame to insure greater development. See you on June 10th!!!

**ENROLLMENT LIMITED TO 64**

LOCATION: Ambrose School - 6100 N. Locust Grove Rd. Meridian, ID 83646  
DATE: June 10 (Thurs), 15 (Tues), 16 (**Wed**), 22 (Tues), 24 (Thurs), 29 (Tues),  
July 1st (Thurs), 6th (Tues)  
TIME: 12:00 pm - 1:30 pm  
COST: \$190  
GRADE: **3<sup>rd</sup> - 5<sup>th</sup> Grade Boys & Girls** (Fall '10)

### TEACHING EMPHASIS: **SHOOTING**

- Off the Pass:** Fastbreak, using screens, relocating, baseline drift, flash cuts, draw & kick
- Off the Bounce:** Fastbreak, quick pulls, on ball screens, floaters, step-backs, pull-backs, breakdown & pull, pro hops, quick pulls, & short of help
- Screen & Create Shots:** Backpick & shape, slip screen & snap, pick & pop, flex & shape, up & close, cross & close
- Fake & Pull:** Foot, pass, shot, combo
- Scrimmage/Fast Break Games:** Transfer Drills to Live Games/Phoenix Suns Tempo

### 3rd - 5th Lil' Dreamers Summer Academy 2010

Name: \_\_\_\_\_ Sex: M F Grade \_\_\_\_\_ T-Shirt Size YM YL AS AM AL

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Parents Name \_\_\_\_\_ Wk Phone \_\_\_\_\_

### **FULL TUITION REQUIRED TO CONFIRM CAMP ENROLLMENT**

\*\*In the event of a Cancellation a \$50.00 fee will be withheld. Any questions, please contact Roberto Bergersen @ 761-8832.  
Parent Release: I hereby certify my child is in normal health and capable of participating safely in the Hoop Dreams Basketball Camp. I fully understand the inherent risks associated with participation in the sport my child will be participating in. I also grant the Hoop Dreams Staff to administer any necessary aid in the absence of a parent or legal guardian in the event of an accident.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail form to:**  
*Hoop Dreams Basketball*  
*PO Box 190801*  
*Boise, ID 83719*