

## Camp Fee Information

### **Early Application Fee: \$50**

*Application/payment must be received by  
Tuesday, March 23, 2010.*

### **Application Fee: \$60**

*Fee for Application/payment received after  
Tuesday, March 23, 2010.*

### **Sibling Discount: \$10 per child**

*Discount applies to two or more children from the  
same family.*

Early registration is encouraged; campers  
are accepted on a first received basis.

## Camp Date & Times

**Good Friday, April 2, 2010**

**Check-in: 8:15 AM – 8:45 AM**

**Day Camp: 9:00 AM – 4:00 PM**

## Counselors

Wyatt Decker, Penn College

Jamie Hepler, Williamsport High School

Micah Gilbert, Williamsport High School

Jonathan Ackerman, Donegal High School

Thomas Burk, Williamsport High School

Nahshon Braggs, Williamsport High School

# Keystone State Basketball Camp

*For Boys & Girls in Grades K-8*

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**Good Friday, April 2, 2010**  
**9:00 AM – 4:00 PM**

Check-in from 8:15 AM – 8:45 AM

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Hosted by:  
**Pennsylvania College of Technology**

Lewis H. Bardo Gymnasium  
& Field House

One College Avenue  
Williamsport, PA 17701

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**Keystone State Camps**  
Telephone: (570) 323-2072  
Email: keystonestatecamp@hotmail.com

## Important Information

**Penn College** has excellent facilities for a basketball camp with four basketball courts in the Bardo Gymnasium, two in the Field House and one outdoor basketball court with fiberglass backboards. In addition, Penn College has a full-service Dining facility.

The **Coaching Staff** consists of qualified former high school coaches, former college and high school players, officials, current youth coaches, several PA state champions, a PA All-State player and a legendary PA high school coach.

**Counselors** are current college or high school players.

**Campers** will be grouped according to grade and ability. They will receive instruction in technical and tactical skills in an encouraging and positive manner. Campers will be taught the basketball fundamentals of dribbling, passing, shooting, ballhandling drills, screening, rebounding, defense and of course, playing games with an emphasis on fun in an environment that builds confidence.

Each Camper **MUST** wear basketball clothing, including proper footwear (basketball shoes, court shoes or sneakers).

Each Camper is responsible for his/her own **lunch**. Each Camper **MUST** bring a bag lunch.

**EVERY CAMPER will receive an official Keystone State Basketball Camp TEE SHIRT and a WATER BOTTLE.**

Full Payment, which is **NON-REFUNDABLE**, **MUST** accompany completed Application.

Limited Enrollment: Applications are accepted on a first received basis, so get your Application in early!

Call **KEYSTONE** at 323-2072 8:00 AM – 5:00 PM Weekdays with any questions or Email [keystonestatecamp@hotmail.com](mailto:keystonestatecamp@hotmail.com) anytime.

**Campers will receive a Confirmation by Email once full payment and Application are accepted.**

## Keystone Basketball Camp Staff

**Coach Pete White, Director**  
PA State Champion  
Hall of Fame Basketball Coach

**Peter White, Jr.**  
PA State Champion  
All-State Basketball Player

**Jeff Churba**  
PA State Champion

**Rik Niklaus**  
PA State Champion

**Lonnie Lee**  
WAHS 3<sup>rd</sup> All-Time Leading Scorer

**Darrick Rizzo**  
D'em Up & Antioch Basketball

**Tony White**  
WAHS 3<sup>rd</sup> All-Time in Games Played

**Doug Allen**  
Post Player, Bucknell University

**David "Doc" Trice**  
The Doctor, Enough Said!

**Leo Diggs**  
PCIAA State Champion

**Ernest Scott**  
Basketball Official

**Larry Siertle**  
Bower League Referee

## Camp Application

Applications are accepted in the order received until the camp is full. Non-refundable payment in full **MUST** accompany this Application.

**Event: Keystone State Basketball Camp**  
**Date: Good Friday, April 2, 2010**

Name: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's Work/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Tee Shirt Size: Youth S M L  
(Circle) Adult S M L XL

Health Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

I understand that Pennsylvania College of Technology and Keystone State Camps do not carry medical or accident insurance for Campers, and I hereby certify that my child is covered by a personal insurance policy or is included in a policy, which I have in force. Further, I authorize routine medical dispensary care for my child and any treatment not considered routine to be referred to a local physician at my expense.

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

If camper does not have insurance, please call (570) 323-2072 for a **WAIVER**.

**Send completed Camper Application with Non-refundable Fee payable to Keystone State Camps to:**

**Keystone State Camps**  
**7 Hemlock Road**  
**Williamsport, PA 17701**