

Conference Champions:  
1995, 1996, 1997, 2002, 2003, 2006  
2003, 2005, 2008, 2009, 2010, 2013

State Finals  
2005, 2009, 2010, 2012, 2013

State Tournament Final Four  
1997, 1999, 2002, 2014, 2015

# Bulldog Basketball Camp

**WHEN :**  
June 8 - 11  
9:00 – 11:30

**WHERE:**  
FHS Gym

**WHO :**  
Any boy or girl, grades 1 thru 8 interested in improving/learning  
the fundamentals of the game of basketball

**COST:**  
\$70.00

## WHAT TO EXPECT:

Campers will be separated according to age, size, and skill level. The major emphasis will be on the *fundamentals* of basketball, including *shooting, defense, rebounding, passing, ball-handling, offensive moves* etc. Major points of emphasis will be shooting technique and form. The younger/beginning group will be taught the proper technique and form in *shooting* in a variety of shooting drills. The older, more advanced group will have their shot broken down, showing the camper the adjustments that need to be made, and all adjustments will be reinforced with drills. Fundamentals of *defense* will also be taught and reinforced with drills, as will *dribbling passing, screening, and team play*. Campers will also be made aware of the importance of *academics* and how to balance academics and athletics. A ratio of 1 coach per 12 campers will try to be maintained. In order to help in planning to maintain this ratio, it is recommended that you pre-register, however, applications will be accepted at the door the morning of June 9th. For more information, call Kyle Adams at 445-1201 or email: [kyle.adams@fayar.net](mailto:kyle.adams@fayar.net). To pre-register simply complete the form and return it along with the camp fee by May 31st to:

Kyle Adams,  
994 Martin Luther King 72701  
Fayetteville, AR 72701.

Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Emergency Phone # \_\_\_\_\_

Tshirt Size YS YM YL AS AM AL AXL

I hereby certify that my child is in good medical condition and he/she has had a physical exam within the past year. I further release my son/daughter to participate in the activities involved in camp, and I realize there is possibility of injury. I give the camp coaches permission to seek appropriate medical attention should an injury occur.

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

Date \_\_\_\_\_

**\*Make Checks payable to  
Kyle Adams**

