



Montville Recreation Department's
BASKETBALL CAMP
Teacher's Convention 2019



WHO: Grades K-8

WHAT: Improve your game and have fun on your day off from school. Players will be grouped by age and ability. Small baskets will be used for grades K-3 and sessions will include fundamental drill work, contests and scrimmages.

WHERE: Montville Twp. High School Main Gymnasium, 100 Horseneck Road in Montville 07045

WHEN:

<u>SESSION</u>	<u>DAY/S</u>	<u>DATE/S</u>	<u>TIME</u>	<u>COST</u>
1	Thursday Only	November 7th	9:00am to 12:00pm	\$45.00
2	Friday Only	November 8th	9:00am to 12:00pm	\$45.00
3	Thursday & Friday	November 7th & 8th	9:00am to 12:00pm	\$75.00

INSTRUCTORS: Bill Medina Head Boys Varsity Basketball Coach at Montville High School and Ken Ferrare owner of DST basketball will direct this program.

FEE: See chart above. **NOTE:** There will be a \$20.00 processing fee for program refunds PRIOR to program start!

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

1. In Person on the Rec Desk Kiosk (Check, Cash with No Fees and/or Credit Card with a 3% Fee)
2. On-Line from Home (Echeck with 1% Fee OR Credit Card with 3% Fee)
3. Payment Drop Box in Municipal Building's Parking Lot (Check Only....must have family page set up on Community Pass)
OR 4. Snail Mail (Check Only....must have family page set up on Community Pass)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

CLASS SIZE IS LIMITED !!! FIRST COME, FIRST SERVE !!!

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



BASKETBALL CAMP — Teacher's Convention 2019

Participant Name _____ Age _____ D/O/B _____ Grade _____ School _____

Address _____ Town _____ Home Phone _____

Primary Contact Name/Relation/Cell Phone # _____

Secondary Contact Name/Relation/Cell Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Phone # (IF the above cannot be reached) _____

Please Circle Choice of Day(s): **1**— Thursday Only **2**—Friday Only **3**—Thursday AND Friday

Please list any special needs that your child may have that will assist us in providing a successful experience:

My child has my permission to participate in this program.
 I understand that the Recreation Department **DOES NOT** provide accident insurance.

Parent/Guardian Signature _____ Date _____

FOR OFFICE USE (8/28/19): Fee Paid _____ Cash _____ Check _____ Date _____ Received By _____ **PROGRAM # 914**