

2005 SUMMER



INAUGURAL BASKETBALL

CAMP

@HOOP HEAVEN

- WHIPPANY, N.J. -

AUGUST 1 to AUGUST 5, 2005

AGES 8-17 • 9AM TO 4PM

● **FREE
LIBERTY
GAME
TICKETS!**

● **MEET
LIBERTY
PLAYERS!**

● **APPLY NOW!
LIMITED
ENROLLMENT!**



BECKY
HAMMON



NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

APT: _____

AGE: _____ GRADE (SEPT. 2005): _____

HOME PHONE: _____

ALTERNATE OR EMERGENCY PHONE: _____

EMAIL: _____

HOME FAX NUMBER _____

MAKE CHECKS PAYABLE TO:
HOOP HEAVEN

MAIL THIS APPLICATION WITH
\$300 FEE TO:

NEW YORK LIBERTY
BASKETBALL CAMP
HOOP HEAVEN
125 ALGONQUIN PARKWAY
WHIPPANY, NJ 07981

FOR OFFICE USE ONLY
DEP: _____
DATE: _____
BALANCE DUE: _____

METHOD OF PAYMENT: CHECK MASTERCARD VISA AMERICAN EXPRESS
CREDIT CARD #: _____
EXP. DATE: _____ AMOUNT: _____

WAIVER & RELEASE

A \$300.00 FEE MUST ACCOMPANY THIS APPLICATION AND THERE WILL BE NO REFUNDS. I, THE UNDERSIGNED, SUBMIT THAT MY DAUGHTER IS PHYSICALLY FIT TO PARTICIPATE IN STRENUOUS ATHLETIC ACTIVITY, AND WAIVE ANY AND ALL CLAIMS I OR SHE MAY NOW OR HEREAFTER HAVE AGAINST THE NEW YORK LIBERTY BASKETBALL CLUB, MADISON SQUARE GARDEN, L.P., THE WNBA, HOOP HEAVEN LLC, AND ALL OF THEIR RESPECTIVE STAFF, AFFILIATED ENTITIES, OFFICERS, AGENTS AND EMPLOYEES IN CONNECTION WITH ANY INJURY, RECURRENCE OF ANY UNDISCLOSED PRE-EXISTING INJURY OR ILLNESS PRIOR TO THE FIRST DAY OF THE SESSION, AND ALL LIABILITIES OR CAUSES OF ACTION ARISING OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE CAMP.

SIGNATURE: _____

DATE: _____





INAUGURAL BASKETBALL CAMP

@HOOP HEAVEN

WHIPPANY, N.J.

GIRLS 8-17

MONDAY, AUGUST 1 - FRIDAY, AUGUST 5, 2005

9:00AM - 4:00PM

\$300 INCLUDES:

- New York Liberty Camp Shirt
- Liberty Player Appearances
- Camper Prizes and Awards
- Two (2) Free Tickets to see the New York Liberty vs. 2004 WNBA Champion Seattle Storm on Saturday, August 6th @ 8:00PM.

ADDITIONAL CAMP INFORMATION

Once your completed application and fee are received, you will be sent a confirmation notice including a list of required paperwork to bring including medical forms and more. Campers may bring their own lunch. Pizza, beverages and snacks may also be purchased at lunchtime.

BEFORE AND AFTER CARE

Hoop Heaven will provide before and after hours care to meet your busy schedule. Before care will be provided each camp day from 8:00am 8:45am. After hours care will be available from 4:15-5:15pm. A nominal fee of \$25 per session per week for this accommodation will be charged.

TYPICAL DAILY SCHEDULE

INTRODUCTION AND WARM-UPS	9:00 - 9:15AM
GROUP BALL HANDLING SKILLS	9:15 - 9:45AM
GROUP STATIONS	9:45 - 10:45AM
CAMP BREAK	10:45 - 11:00AM
CAMP GAMES AND CONTESTS	11:00 - 12:00PM
LUNCH AND LIBERTY HIGHLIGHT FILM	12:00 - 1:00PM
GUEST LECTURE/LIBERTY PLAYER	1:00 - 1:45PM
TEAM PRACTICES	1:45 - 2:15PM
AFTERNOON GAMES, DRILLS AND CONTESTS	2:15 - 3:45PM
CAMP DISMISSAL	4:00PM



VICKIE
JOHNSON

FOR MORE INFORMATION WRITE TO:

**NEW YORK LIBERTY
BASKETBALL CAMP**
C/O HOOP HEAVEN
125 ALGONQUIN PARKWAY
WHIPPANY, NJ 07981

OR:

Call: 973-884-4667

Email: info@hoopheaven.com

CAMP INFORMATION
CAN ALSO BE FOUND AT:

**NYLIBERTY.COM
HOOPHEAVEN.COM**

