CAL STATE EAST BAY
PIONEER YOUTH
BASKETBALL CAMPS
SUMMER 2017

TIME: 9:30 A.M. – 3:30 P.M.
Extended hours available
Camps are for ages 6-14

SESSION 1 (BOYS)
JUNE 12 – 16
SESSION 2 (BOYS)
JUNE 26 – 30
SESSION 3 (BOYS)
JULY 10 – 14

SESSION 4 (CO-ED)
JULY 31 – AUG 4
SESSION 5 (CO-ED)
AUG 7 – 11

*Parent/Guardian or Close Family/Friend Must
Drop Off & Pick Up Camper

CAMP LOCATIONS:
Cal State East Bay Basketball Summer Camp will be held at Pioneer Gymnasium on the Cal State East Bay Hayward Hills Campus.

A Certified Athletic Trainer will be on site for the duration of the camp session.

TEAMS:
Campers are placed on teams according to age, size, & ability. Our priority is to have balanced competition.

REGISTRATION:
To register for the Basketball Summer Camps, please fill out the attached enrollment form and mail in with appropriate camp fees.

Registration and payment will be available online at eastbaypioneers.com

WHAT TO BRING:
Water Bottle
Snack & Lunch
Basketball shoes

QUESTIONS:
Please contact
DANIEL.EBERHARDT@CSUEASTBAY.EDU
or by phone at: 510-885-2826

COST:
$170 per camp session. A non-refundable deposit of $90 per session or full payment will reserve your place in camp.

The $170 per session includes a camp t-shirt, evaluation, and a challenging session of intensive instruction and team play.

$50 Extended care hours: 8-9:30 A.M. and 3:30-4:30 P.M.

Any days missed from camp will not be deducted, returned, or pro-rated from the camp fee.

PAYMENT INFORMATION:
Checks should be made payable to: Cal State East Bay
And mailed with this form to:
Pioneer Athletics
25800 Carlos Bee Blvd
Hayward, CA 94542

PARTICIPANT INFORMATION:
Name: ________________________________
School: ______________________________
Age: ________________________________

T-shirt Size:
Youth: S M L XL
Adult: S M L XL

Clinic Choice (Please check below)
☐ Session 1 6/12 - 6/16  ☐ Extended care
☐ Session 2 6/26 - 6/30  ☐ Extended care
☐ Session 3 7/10 - 7/14  ☐ Extended care
☐ Session 4 7/31 - 8/4  ☐ Extended care
☐ Session 5 8/7 - 8/11  ☐ Extended care

Total enclosed: ______________________

Parent Information
Name: ________________________________
Cell Phone #: __________________________
E-mail: ________________________________

Address: _________________________________
City: ____________________ Zip Code: __________

State: __________ Emergency Contact: __________________________

and Phone #: __________________________

CAMPS AND COACHES 2015