Little Flower Catholic High School for Girls

Softball Camp 2018



For 6th, 7th, 8th and incoming 9th grade students

When: July 9th-13th

Time: 10am -1pm

Come join our coaching staff and Little Flower softball players for a week of fun and softball. During this camp, we will work on skills that will better your game. Each camper will leave the camp with prizes and giveaways. The cost is $125.00. The early bird special will be $100.00 if paid by June 21st.

If you have any questions, please call our Athletic Office at 215-455-6900 Ext 138. We look forward to sharing in this special event with you.

Please complete the registration form below and return it to the Athletic Office by June 29th.

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Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cash\_\_\_\_\_ Check\_\_\_\_\_\_

Little Flower Catholic High School for Girls

Basketball Camp 2018



For 6th, 7th, 8th and incoming 9th grade students

When: June 18th-22nd

Time: 9am -1pm

Come join our coaching staff and Little Flower basketball players for a week of fun and basketball. During this camp, we will work on skills that will better your game. Each camper will leave the camp with prizes and giveaways. The cost is $125.00. The early bird special is $100.00 if paid by June 8th.

If you have any questions, please call our Athletic Office at 215-455-6900 Ext 138. We look forward to sharing in this special event with you.

Please complete the registration form below and return it to the Athletic Office by June 15th.

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Students Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cash\_\_\_\_\_ Check\_\_\_\_\_\_