

# The SIP College Exposure Camp (JUCO, H.S. Seniors and Prep School Only)

**Dates:**

April 10th and 11th 2008

**Location:**

Wesley Seminary College  
in Florence MS located on  
Highway 49 South

**Cost:**

\$70.00 includes two days  
of camp exposure and  
a T-Shirt.

Please complete the appli-  
cation and submit a  
\$35.00 deposit for your  
pre-registration fee.

**Registration:**

A registration form must be mailed along with \$30 deposit to secure a place in camp. A confir-  
mation letter will be mailed upon receipt of registration form.

Please plan to arrive at 8 am on the day of the camp. You will be assigned a team, and uni-  
form number during registration if your paperwork is late. Camp officially begins at 9:00 a.m.

**Lodging & Meals:**

All lodging and meals are not included in your registration fee. Hotel info will be posted on  
the website.

**Transportation:**

Arrangements will be made by the family.

**Contact:**

Ted Hutchins  
309 Mesquaki Drive  
Ridgeland, MS 39157  
Ph: 601-842-5178



## PLAYERS INFO:

Deadline for entry is April 3rd, 2009. We are only accepting 55 players for this camp so sign up early!!

Coaches from the southern and midwest regions will be in attendance.

April 10th will be the "SKILLS AND DRILLS" session, where each player is put through drills including shooting, passing and dribbling. This session will begin at 6:00 p.m.

April 11th players will be assigned to teams of 8 man rosters with a minimum of 3 games. Time permitting, there will be an all-star selection and two 10 man roster teams who will play in a 20 minute game.

**Registration Form:** Make payment and mail to: Ted Hutchins 309 Mesquaki Drive Ridgeland, MS 39157  
Ph: 601-842-5178

**Name:** \_\_\_\_\_ **Circle Year:** c/o 09 JUCO So Post Grad

**Address:** \_\_\_\_\_ **High School:** \_\_\_\_\_

\_\_\_\_\_ **AAU Team:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Uniform:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **SAT/ACT:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

I understand that any CCB Camp (CCBA) participant who does not abide by the rules, regulations and policies established by the CCBA is subject to dismissal without reimbursement or recourse and I hereby waive and release the CCBA and the college facility. from any and all liability for any injury or illness while participating in the camp. I hereby authorize the directors of CCBA to act according to their best judgment in any emergency if I cannot be contacted. I understand that each camp participant is required to have their own medical and accident insurance. I also understand that the CCBA retains the rights to use for publicity and advertisement purposes, photographs of