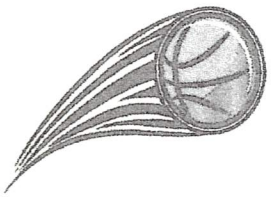
Brevard Basketball Camps 2026

Brevard College Campus (Boshamer Gymnasium)

1 Brevard College Drive Brevard, NC 28712

#1 June 15-18 (ages 6-8)

9 a.m.- noon (lunch not provided)
Cost: $100



#2 June 22-25 (ages 9-14)

9 a.m.- 4 p.m.
Cost: $225

#3 July 27-30 (ages 9-14)

9 a.m.- 4 p.m.
Cost: $225

Boys and Girls

Non-Refundable $50 deposit required

Pizza lunch provided on Thursday only for Sessions #2,#3 camps only. Please bring lunch M-W.

*All Campers receive a free T-shirt and camp ball.

- **FUNDAMENTAL STATION INSTRUCTIONS**
- **3-ON-3 & 5-ON-5 GAMES**
- **INDIVIDUAL COMPETITION**

Camps do have a capacity limit, early registration encouraged

For more information contact: Lee Burgess lee.burgess@brevard.edu www.bctornados.com

---

REGISTRATION FORM **Please make checks payable to " Brevard Basketball Camp"**

Brevard Basketball Camp 2026

Child's Name: _____ Date of Birth: _____

Home Address: _____

Parent's Name:_____Parent's Phone Number: _____

Parent's Email Address:_____

Emergency Contact Name: _____ Emergency Contact Phone Number: _____

Choose Session (s):

- ❑ 1st Session: June 15-18 ($100) *$50 non-refundable deposit required to reserve spot (cash or check only)
- ❑ 2nd Session : June 22-25 ($225) *$50 Non-refundable deposit required to reserve spot (cash or check only)
- ❑ 3rd Session: July 27-30 ($225) *$50 Non-refundable deposit required to reserve spot (cash or check only)

T-shirt Size (Check One):

___Youth M ____Youth L ___ Adult S ____Adult M ____Adult L

Liability Waiver Statement:

The undersigned Parent or Guardian understands that the applicant will be engaging in physical activity during the camp that contains inherent risk of physical injury, and the undersigned assumes the risk and releases Brevard Basketball Camp, its officers, director, agents, employees, and Brevard College from any and all liability for personal injury arising from the applicant's participation in the camp. I hereby grant permission for my child to attend Brevard Basketball Camp, and to be treated by a licensed physician or member of the athletics training staff for any injury, accident, illness, or other mishap. The applicant is physically fit according to our family physician, and I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary.

_____ _____

Parent/Guardian Signature Insurance Company and policy number

Please sign and return to: Brevard Basketball Camp 1 Brevard College Dr. Brevard, NC 28712