



# "TIGER CAMP 2025"



## BOYS BASKETBALL

For Boys entering 3<sup>rd</sup> grade through 8<sup>th</sup> grade in the Fall of 2025

**Emphasis:** Passing, dribbling, shooting, defense, and one-on-one skills will be the focus of each daily camp along with an emphasis on team play through game situations. Each camper will receive a t-shirt. There will be contests, games and instruction, all implementing our Tiger Basketball Team Philosophy! The camp will be held in the high school field house. Tiger Camp is a great basketball opportunity for your son as **having fun will certainly be the top priority!**

**Directors:** HS Boys Basketball Players & Boys Basketball Coaching Staff

**Schedule:** Tiger Camp will be held **Monday, June 9, 2025** through **Thursday, June 12, 2025** at the Wrightstown High School Field House. Sessions and are listed below:

**Session 1:** Limited to boys entering grades 3-4-5-6 for the 2025-26 school year  
**Monday, June 9** through **Thursday, June 12** from **12:15 p.m. - 2:15 p.m.**

**Session 2:** Limited to boys entering grades 7 & 8 for the 2025-26 school year  
**Monday, June 9** through **Thursday, June 12** from **2:15 p.m. - 4:15 p.m.**

**Camp Cost:** \$45.00 per player (Checks payable to: **Wrightstown Full-Court Club** or **WFCC**)



Entry deadline is **Wednesday, May 14, 2025** (so we can order t-shirts & awards on time)

Name \_\_\_\_\_

Phone (Day Time) \_\_\_\_\_

Email \_\_\_\_\_

School (Fall '25) \_\_\_\_\_

Shirt Size Below

Grade (Fall '25) \_\_\_\_\_ Session 1 or 2 (circle one)

Circle ONE size-

Youth Sizes:

M

L

XL

Adult Sizes:

S

M

L

XL

I hereby authorize the camp staff to act for me according to his/her best judgement in any emergency requiring medical attention. I hereby waive and release the camp staff, Wrightstown School District, and WFCC from any and all liabilities for any injury and/or illness incurred while at Tiger Camp. I have no knowledge of any physical impairment that would affect my child's participation at Tiger Camp.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please detach and mail with check to:**

**Wrightstown High School  
Attn: Cory Haese  
600 High Street  
Wrightstown, WI 54180**

