



Vincent Robinson BASKETBALL ACADEMY



**WILL BE HELD AT
Burnet Middle School**

Weeks - 2, 5, 6, 7, 8

&

Kawameeh Middle School

Weeks - 1, 3 & 4

in Union, NJ 07083

FOR BOYS & GIRLS AGES 5 TO 15

CONTACT US AT:

director@vincentrobinsonbasketball.com

VISIT US AT:

www.vincentrobinsonbasketball.com

8 EXCITING WEEKS!!!

1st WEEK JUNE 29th to JULY 3rd -----

3rd WEEK JULY 13th to JULY 17th -----

5th WEEK JULY 27th to JULY 31st -----

7th WEEK AUGUST 10th to AUGUST 14th -----

2nd WEEK JULY 6th to JULY 10th

4th WEEK JULY 20th to JULY 24th

6th WEEK AUGUST 3rd to AUGUST 7th

8th WEEK AUGUST 17th to AUGUST 21st

9:00 a.m. – 3:00 p.m. – Each Day

TUITION: \$150 FOR EACH WEEK (5 Days per week)

~ Register for all **8 weeks** tuition is \$800 (A HUGE **\$400 SAVINGS**) ~

(10% discount if you register for **4 or more WEEKS!!** & 10% discount to **Families of 2 or more!!!**)

1st 30 PAID CAMPER'S WILL RECEIVE A SPECIAL GIFT!!!

*Early drop off available (See Coach Robinson)

*Lunch provided daily

*Campers are grouped by age & ability

*Campers receive camp T-shirt

*Top area coaches & players staff the camp

*Spacious Gymnasiums

*Videos and Lectures

*Prizes & Awards

Sign Up Quickly; Camp Was Sold Out The Last 5 Years!!!!

FOR MORE INFORMATION CALL VINCENT ROBINSON AT 973-204-5413

Make Checks Payable to: Vincent Robinson

Mail Checks & This Application To:

Vincent Robinson

62 Maple Ave.

Irvington NJ, 07111

**\$75 DEPOSIT REQUIRED For EACH
WEEK (non-refundable)**

**Which Will Be Applied To Total Tuition
CAMP IS FULLY INSURED**

**YOU WILL RECEIVE CONFIRMATION OF
RECEIPT OF YOUR DEPOSIT BY TELEPHONE
OR EMAIL.**

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> 1 st WEEK | <input type="checkbox"/> 5 th WEEK | <input type="checkbox"/> ALL WEEKS |
| <input type="checkbox"/> 2 nd WEEK | <input type="checkbox"/> 6 th WEEK | |
| <input type="checkbox"/> 3 rd WEEK | <input type="checkbox"/> 7 th WEEK | |
| <input type="checkbox"/> 4 th WEEK | <input type="checkbox"/> 8 th WEEK | |

Name: _____

Address: _____

City _____ State _____ Zip _____

Health Insurance Co _____

ID# _____

Home Phone # _____ Cell # _____

Email Address _____ Age _____

T-SHIRT SIZE: (adult size/circle one) S M L XL XXL

I, the undersigned submit that my child is physically fit, give my permission for his/her participation in the Vincent Robinson Basketball Academy and I waive any claims.

Signatures of Parent / Guardian: _____