

BASKETBALL CLINIC

The 2010 Samson and Lady Samson Basketball Clinic will be held at the **Lindquist Student Center** on the campus of Gogebic Community College.

If you have any questions regarding the Samson and Lady Samson Basketball Clinic or if you have friends that would like a **CLINIC BROCHURE**, please contact **Stephanie Justinak** or **Dennis Mackey** at:

Gogebic Community College
E4946 Jackson Road
Ironwood, MI 49938
Or phone
(906) 932-4231
Extensions 292 or 244
(800) 682-5910

GOGEVIC COMMUNITY COLLEGE

SAMSON & LADY SAMSON BASKETBALL CLINIC



For Boys and girls
Entering Grades 3-12 (2010)

June 14-17, 2010

Girls/Boys Grades 3-6

9 a.m. to 11:50 a.m.

Girls/Boys Grades 7-12

1 p.m. to 3:50 p.m.

GOGEVIC COMMUNITY COLLEGE
E4946 Jackson Road
Ironwood, MI 49938

ABOUT THE CLINIC

The GCC Samson and Lady Samson Basketball Clinic offers a sound foundation for beginners and a challenge for advanced players. The coaches will help participants become better players and more disciplined athletes. An energetic staff will give detailed attention to individuals in ball handling, passing, dribbling, defending, rebounding, and shooting. Our coaches will develop an awareness of each player's strengths and weaknesses and work with him/her to become an improved player.

TIMES AND FEES:

June 14-17, 2010

Monday through Thursday

Grades 3-6, 9 a.m. to 11:45 a.m.

Grades 7-12, 1 p.m. to 3:45 p.m.

The cost of the clinic is \$55

The family rate for all family members other than the first member is \$35. Enrollment is limited and will be accepted on a first come, first served basis. Refunds will be made if the clinic is notified by June 8, 2010.

HIGHLIGHTS

3-on-3
or

5-on-5 Games each day

Fundamental Stations

Drills

Clinic T-Shirt

Daily individual contests
featuring ball handling and
shooting

CO-DIRECTORS

GCC Samson

Coach

Dennis Mackey

& Lady Samson

Coach

Stephanie Justinak

STAFF

**Former, current,
and future Samson
& Lady Samson
Players**

GOGEBIC SAMSON AND LADY SAMSON BASKETBALL CLINIC APPLICATION FORM

Make Checks Payable to: GCC Athletics

Tuition: \$55

Family Rate: All family members other
than first member, \$35

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Grade Next Year 2010 _____

Clinic Session Attending _____

T-Shirt Size- (Circle)

Children's: 10-12 14-16

Adult: S M L XL

I hereby authorize the Co-Directors of the Samson and Lady Samson Basketball Clinic to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the clinic from any liability for injuries that occur while participating in this clinic. I also certify that my son or daughter is medically fit to participate in your program.

Parents Signature _____

Please enclose registration fees payable to GCC Athletics with this form and mail to: Samson and Lady Samson Basketball Clinic, E4946 Jackson Road, Ironwood, MI 49938