

ALL SAINTS BASKETBALL WELCOMES

Rising Stars Holiday Hoops Clinic 3 Great Days!

Monday, December 29th–Wednesday, December 31st

*****Girls and Boys K-8th Grades may choose session or individual days*****

SIX WAYS TO MAKE YOUR WINTER SEASON A SUCCESS
PLUS 5 ON 5 GAMES, KNOCKOUT, AND OTHER COMPETITIONS FOR AWARDS!

SUPER SIX SELF IMPROVEMENT STATIONS

1. Kentucky Shot Development From The Ground Up
2. Duke Ballhandling Workout Series
3. Georgia Tech Passing and Catching Concepts
4. Furman Footwork For Success
5. 5 on 5 Play (Spacing and Floor Balance)
6. NBA Free Throw Shooting Method



Dates: Mon, Dec. 29th-Wed, Dec. 31st

When: 9:00am-3:00pm (Early Drop Off 8:30am)

Where: All Saints Catholic Church Gym

2443 Mt. Vernon Road, Dunwoody

Ages: Girls and Boys –Kindergarten thru 8th Grade

Cost: \$ 75.00 per day, \$135.00 for 2 days, or \$190 for all 3 days

Rising Stars is directed by Ken Potosnak former Wake Forest and South Carolina assistant, with 18 years Division 1 coaching experience. The camp is staffed by local college and high school coaches as well as local college players. As we begin our 12th year in the Atlanta area, we are proud of the many young players we have developed through fun and fundamental teaching. Specific Information about our camps is available at: www.risingstarshoops.net or by calling Rising Stars at 864-325-9552

To Register please submit application and full payment by December 15th to insure space.

** Confirmation outlining registration, times, lunch etc. will follow receipt of application by mail**

2008 Rising Stars/ All Saints Holiday Hoops Clinic

Name: _____ Grade: _____ Emergency Phone: _____

Address: _____ City: _____ Zip: _____

I hereby authorize the directors of the Rising Stars Clinics, Inc. to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Rising Stars Basketball Clinic, Inc. from all liability and agree to accept all medical expense incurred. I know of no mental or physical problem which would affect my child's ability to safely participate in the clinic.

Health Insurance Provider: _____ Policy #: _____

Parent Signature: _____ E-mail address: _____

***** Please Check All days Attending*****

Session I

_____ Monday, Dec. 29th \$75.00

_____ Tuesday, Dec. 30th \$75.00

_____ Wednesday, Dec. 31st \$75.00

_____ Any 2 days \$135.00 _____ ALL 3 days \$190.00

Make checks Payable to:

Rising Stars Basketball

4209 Gateswalk Way

Smyrna, GA 30080