

TEAM CAMP COACH'S FORM

School Name _____
Coach's Name _____ Cell Phone _____
Home Phone _____ School Phone _____
Home Address _____ School Address _____

Email Address _____

Check Camp Attending
___ July 31-Aug 2

of Players Attending _____
of Teams (Check) Varsity _____ JV _____
Team Record in 2022-2023 _____
School Size: AAAAAA AAAAA AAAA AAA AA A
 Gr. 4 Gr. 3 Gr. 2 Gr. 1

Competitiveness Level:
___ Varsity ___ Most Competitive ___ Least Competitive

Coaches of Team:
Head Coach _____
Asst Coach _____
Asst Coach _____

ROSTER

- | | |
|-----------|-----------|
| 1. _____ | 13. _____ |
| 2. _____ | 14. _____ |
| 3. _____ | 15. _____ |
| 4. _____ | 16. _____ |
| 5. _____ | 17. _____ |
| 6. _____ | 18. _____ |
| 7. _____ | 19. _____ |
| 8. _____ | 20. _____ |
| 9. _____ | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |
| 12. _____ | 24. _____ |

Please fill out the form and have turned into Gabby Holko at holko@susqu.edu
Or Mailed to: Susquehanna University WBB - 514 University Ave, Selinsgrove PA 17870
Checks Payable To: Susky Basketball Camps
Overnight Team Camp - By May 31st