

# COACH MCDUFFIE

## Summer Basketball Camp 2024

### Girls & Boys Ages 5-14

Place: *Clarksville Middle School - 6535 S. Trotter Road, Clarksville, MD 21029*

Date: *June 24 - Aug. 9, 2024*

Time: *9:00 - 3:30 (Half Day sessions 9am -12pm or 1pm -3:30pm)*

**Cost: \$250 per week - \$150 Half day**

**Weekly Cost:**  
**3 plus paid weeks (\$200 per week)**

**Camp Highlights**  
**Experienced Coach's / Camp T-shirt**

**Before / After Care Available \$50 each (8am -9am / 3:30pm -4:30pm)**  
**VISIT WEBSITE to enroll online: [MCDUFFIECAMPS.com](http://MCDUFFIECAMPS.com):**  
Coach McDuffie : [mcduffiecamps34@aol.com](mailto:mcduffiecamps34@aol.com) or 443-474-4200

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Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

School Name: \_\_\_\_\_ AGE \_\_\_\_\_ Shirt Size \_\_\_\_\_

June 24 - 28 FD \_\_\_ HD\_\_\_ July 8 -12 FD\_\_\_ HD\_\_\_ July 15 - 19 FD \_\_\_ HD \_\_ July 22-26 FD\_\_\_ HD\_\_\_

July 29 -Aug. 2 FD\_\_\_\_\_HD\_\_\_\_\_ Aug 5 -9 FD\_\_\_\_\_ HD \_\_\_\_\_

Additional COST \$50 each: Before Care \_\_\_\_\_ After Care \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Will camper be taking medication during camp? Yes\_\_\_\_\_ No\_\_\_ if yes please explain:

I hereby register the above camper/campers as a participant in the basketball program. I certify that I am the parent/ legal guardian of the said camper/campers and hold harmless the TCOE. from any and all liability for any injury, illness or condition that may arise as a result of participation in this program. I also certify that the above camper/campers birth date / age is accurate as indicated.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Mail application/check: Coach McDuffie P.O Box 652 Clarksville, MD 21029  
**Zelle payments: [Mcduffiecamps34@aol.com](mailto:Mcduffiecamps34@aol.com) NO REFUNDS**

***The information is neither sponsored nor endorsed by HCPSS or the school***