



## Shooting Mini-Clinic

Wanna be a great shooter?

### Information

- ⇒ **When:** Friday, Dec. 19th
- ⇒ **Times:** 8:30am-12:30pm
- ⇒ **Where:** Hoop Zone
- ⇒ **Cost:** \$25
- ⇒ **Ages:** 9-18
- ⇒ **Sign up online, over the phone, or mail in.**

### What's Included

- **\*\*Brand New Clinic**
- **3 hours of court time**
- **1 hour of classroom time**
- **Learn:**
  - How to shoot like the pros
  - How to practice like the pros
  - How to think like the pros
  - How to stay consistent like the pros

#### **You'll get:**

- **Shooting program**
- **Shooting routine**
- **Motivational Shooting material**

Make checks payable to: Hoop Zone.  
Email us at [hoopzone@austin.rr.com](mailto:hoopzone@austin.rr.com)  
to pay by Credit Card.

### Registration Form

Child's name \_\_\_\_\_  
Parent's name \_\_\_\_\_  
Home phone # \_\_\_\_\_  
Cell phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_

Add'l Child's Name: \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact: Please list someone to contact in case of emergency if parents/guardians cannot be reached.

Name \_\_\_\_\_  
Cell \_\_\_\_\_ Home \_\_\_\_\_

### Medical Release

Please initial ..... By placing my initials here, I submit that my child is physically fit to participate in all camp activities, and waive HOOP ZONE, Bill Wendlandt, its staff, affiliated entities, their officers, agents and employees from and against any injury, recurrence of any undisclosed pre-existing injury or illness prior to the instructional session(s), and all liabilities or causes of action arising out of or in connection with my child's participation in this activity.