

2025 DAKOTA GIRLS' BASKETBALL SUMMER CAMP

JULY 21-23, 2025 | DAKOTA HIGH SCHOOL MAIN GYM

Join us for the annual Dakota High School girls' basketball camp! Campers will be split into groups to work on fundamentals such as shooting, passing, rebounding, and defense. There will also be camp-wide competitions, team contests, and a 3v3 tournament. Campers will be instructed by current Dakota girls' basketball players.

Session 1: Next year's (Fall of 2025) 3rd, 4th, 5th and 6th graders

Time: 8:30am - 11:30am each day

Session 2: Next year's (Fall of 2025) 7th, 8th, and 9th graders

Time: 12:30pm - 3:30pm each day

Camp Coordinator: Olivia Savage - Head Varsity Girls' Basketball Coach Email: osavage@cvs.k12.mi.us | Phone: (586) 747-6663



@dakotagbb



@dakotagbball

Registration fee: **\$130** (price includes t-shirt)

Registration due date: July 13, 2025

(If you miss the registration due date, please call to confirm availability.)

Payment can be made online at:



https://chippewavalleyschools.
ce.eleyo.com/course/1031/campsclinics-and-leagues-2025-26/dakotagirls-basketball-summer-camp

Register in person or mail to:

Chippewa Valley Schools - Adult & Community Education 19120 Cass Ave. Clinton Twp, MI 48038

> Little Turtle 50375 Card Rd. Macomb, MI 48044

Make checks payable to: Chippewa Valley Schools

*Payment is due in full at time of registration. Coaches cannot accept payment. All withdrawals are subject to an \$8.00 processing fee. Withdrawals made after the registration due date but before the start date will be refunded 50%. No refund will be given after 7/21/25. A 20% fee will be assessed on returned checks.



Return this stub with payment

Dakota Girls' Basketball Summer Camp. Jul 21-23, 2025

Cost: \$130

Please circle one: **3-6 Graders** (DHSGirlsBB-Session 1) OR **7-9 Graders** (DHSGirlsBB-Session 2)

Participant Name:_____ Grade (Fall of 2024):____ DOB:_____

Parents Name:_____ Email: _____

Address:_____ City:_____ Zip:_____

Phone:______Alt. Phone:______Shirt Size (circle one): YS YM YL AS AM AL AXL

Cash:____ Check: ____ Credit VISA/MC Card#:_____ Exp. Date:_____

Name on credit card: ______ Cardholder's signature:_____