



Bret Nichols, Director of high school counseling department, author, motivational speaker and professional basketball player who played in Ireland, England and against the world famous Harlem Globetrotters as player/coach of the New York Nationals is offering the *You Gotta Believe* Basketball Camp with his coaches.

The camp will provide:

- Development of basketball fundamentals and competitive games
- Daily contests, prizes, and give-a-ways for each camper
- Award ceremony on final day of camp
- Fully insured, safe environment

Camp is open to girls and boys entering grades 2 – 9 and will be held at Southington Catholic School. Campers will be competitively split up into age, gender and ability groups to challenge their potential.

You will receive an email confirmation and your check will be cashed/Venmo deposited as soon as we have confirmed camp.

Camp #18 JULY 17 – 21 1 – 5pm

2 Ways to Register: Mail in below form and pay by check or fill out this [Online Registration Form](#) and pay by Venmo @nicholsygb
All rates are per camp per camper.

BY MAIL

BY VENMO

| | |
|----------------------------------|----------------------------------|
| \$115 postmarked before April 30 | \$130 before April 30 |
| \$130 postmarked before 7/10 | \$145 before 7/10 |
| \$145 after above said deadlines | \$160 after above said deadlines |

For more information visit www.yougottabelieve.info or email nicholsygb@gmail.com or call (203) 725-6186

If not paying through Venmo, please Make Check Payable To: BRET B. NICHOLS and complete and return this portion of the registration form and send to: *You Gotta Believe*, Bret B. Nichols, 698 Upper Grassy Hill Road, Woodbury, CT 06798.

Name(s) _____ Camp #'s (see above) _____ Grade(s) in Fall _____

Name(s) _____ Camp #'s (see above) _____ Grade(s) in Fall _____

Address _____ City _____ State _____ Zip _____

School _____ Town _____ Home # _____ Cell # _____ Emergency # _____

Parent Email for Registration Confirmation: (please write clearly) _____

Do you have medical insurance? _____ Doctor's Name _____ Dr.'s Phone _____

•Please attach a note indicating any allergies, required medications, or medical conditions•

The above named campers are physically able to participate in the *You Gotta Believe Basketball Camp* and I will assume all responsibility for any medical expense that may occur as a result of his/her participation at camp. I certify that the director of the camp is in no way liable or responsible for injuries or medical expenses that may occur and authorize the director to act in their best judgment in any emergency requiring medical attention.

Print name of Parent/Guardian _____ Signature _____ Date _____

Camp photos/videos may be taken. Please email me if you do not want it to appear on social media.