



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 founder of the *You Gotta Believe* Basketball Camp. 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. Camp will be held at Frisbie School.

Campers will be competitively split up into age, gender and ability groups to challenge their potential.

You may sign up for 1 or both weeks as new learning will take place in each session!

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

|                 |                  |                     |                     |                     |
|-----------------|------------------|---------------------|---------------------|---------------------|
| <b>Camp #9</b>  | <b>SESSION 1</b> | <b>HALF DAY</b>     | <b>JULY 8 – 12</b>  | <b>8AM – 12PM</b>   |
| <b>Camp #10</b> | <b>SESSION 1</b> | <b>EXTENDED DAY</b> | <b>JULY 8 – 12</b>  | <b>8AM – 2:45PM</b> |
| <b>Camp #11</b> | <b>SESSION 2</b> | <b>HALF DAY</b>     | <b>JULY 15 – 19</b> | <b>8AM – 12PM</b>   |
| <b>Camp #16</b> | <b>SESSION 2</b> | <b>EXTENDED DAY</b> | <b>JULY 15 – 19</b> | <b>8AM – 2:45PM</b> |

Extended Day Option - Campers should bring food for a short lunch break. Extended Day will include Tournament games, team practices and skill building competitions with more prizes to be given out. Leadership and team building exercises will be built into this portion of camp as well. The **Award Ceremony** will occur at the end of the Extended Day on Friday at 2:30pm for all campers.

**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.

**HALF DAY**

**BY MAIL**

**BY VENMO**

\$115 postmarked before April 30  
\$130 postmarked before 7/1 for camp #9, before 7/8 for #11  
\$145 after above said deadlines

\$130 before April 30  
\$145 before 7/1 for camp #9, before 7/8 for #11  
\$160 after above said deadlines

**EXTENDED DAY OPTION**

**BY MAIL**

**BY VENMO**

\$205 postmarked before April 30  
\$230 postmarked before 7/1 for camp #10, before 7/8 for #16  
\$255 after above said deadlines

\$230 before April 30  
\$255 before 7/1 for camp #10, before 7/8 for #16  
\$280 after above said deadlines

For more information visit [www.yougottabelieve.info](http://www.yougottabelieve.info) or email [nicholsygb@gmail.com](mailto: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.