

## Camp FAQs

- Individual Instruction
- Daily Game Competition
- Written Evaluations
- Free camp t-shirt

## About the Directors

### **Coach Ed Gagnon:**

A veteran teacher of 40 years, Coach Gagnon has been a faculty member at Bishop Feehan since 1974. He has 23 years of high school head coaching and 17 years of college coaching experience, along with running basketball camps for over 30 years.

### **Coach Leo Charron:**

Coach Charron previously taught at Bishop Feehan for 25 years and has been a head coach there for 23 years in five varsity sports including 13 years as head basketball coach. In addition, he has over 20 years of basketball camp experience at various age and skill levels.

## Reminders

### **What to bring to camp?**

- Water bottle
- Bagged Lunch
- Sunblock (for outdoor sessions)

### **What to wear?**

- Basketball sneakers
- White socks
- Shorts appropriate for basketball

# 22th Annual 2010 Summer Basketball School at Bishop Feehan

**Two great weeks**  
*New Starting Times*

Boys entering grades 5-9 July 19-23  
8:30 am to 2:30 pm \$210

Boys and Girls grades 1-4 Aug. 9-13  
8:30 am to 12:00 pm \$150

Make checks payable to  
**“Summer Basketball School”**  
**70 Holcott Drive**  
**Attleboro, MA 02703**

*Your check is your assurance of registration*  
*Walk-in registration subject to \$10 late fee*  
**\* 10% family discounts available**

Questions? Call or Email us!

**Coach Ed Gagnon**  
508-226-0975  
egagnon@bishopfeehan.com  
**Coach Leo Charron**  
508-226-1084  
lcharron@bishopfeehan.com

*An updated physician's report on  
immunizations must be presented for each  
camper by the first session.*

**Summer Basketball School 2010**  
**Mail to: 70 Holcott Drive Attleboro, MA 02703**

Week of: \_\_\_\_\_ Entering grade as of Sept. 2010 \_\_\_\_\_  
Name: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street: \_\_\_\_\_ Amt. Enclosed: \$ \_\_\_\_\_ (Payable to Summer Basketball School)  
Telephone: \_\_\_\_\_

The program directors and staff are not responsible for accidents resulting in medical, dental, or other expenses. Participants are responsible for property damage and may be sent home without refund for violation of school rules. I certify that the applicant is in good physical condition to take part in the program. In addition, I grant Summer Basketball School and its agents, permission to seek medical attention for this child if, in their judgment, such attention is warranted and I am not immediately available to grant such permission.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ #:

Camper's Level of Play (Check One) \_\_ Beginner \_\_ Intermediate \_\_ Advanced