

2025 BLUEJAY BASKETBALL SUMMER TEAM CAMP

SCHOOL: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

SCHOOL PHONE NUMBER: _____

COACH'S NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

COACH'S HOME PHONE: _____

COACH'S CELL: _____

COACH'S E-MAIL: _____

TYPE OF TEAM PARTICIPATING: VARSITY

☐

JV

☐

FRESHMAN

☐

(Please circle all that apply)

24-25 RECORD: _____

SCHOOL CLASS SIZE: _____

I WOULD PREFER TO PLAY IN (CHECK ONE)

_____ Top Division Varsity

_____ Small school JV

_____ 2nd Division Varsity

_____ Small School Varsity/Big School JV

Comment about your team ie. Lost starters, returning lettermen, _____

Please list number of players attending: _____ Number of Coaches: _____

List the names of coaches attending with you: _____

Additional comments: _____

Please return this form to Greg McDermott Basketball Camp, 2500 California Plaza, Omaha, NE. 68178, fax 402-280-5596 or email to pgalas@creighton.edu.

Please note, every camper must fill out an application and consent form to participate. If you have any question, please call Patty Galas 402-280-1795.