



**Dear Parents and Campers,**

The Statesmen are coming off an outstanding season highlighted by a 20 win campaign and multiple tournament championships. My coaching staff and I could not be more excited to carry on the proud tradition that is Statesmen basketball. We are also thrilled for the opportunity to meet and work with the younger students in our district. We feel that this is a great chance for our current players and coaches to share the excitement and skills that have made us one of the premier programs in the state of Missouri.

Sincerely,  
Coach Justin Mathes

ALL CAMPERS WILL RECEIVE A STATESMEN BASKETBALL T-SHIRT

**WHERE**

Webster Groves High School  
Historic Roberts Gymnasium  
100 Selma Ave  
Saint Louis, MO 63119

**WHEN**

Please select::

Session A: Boys Entering Grades 2-8  
May 28th-May 31st  
Time: 12:30-3:30 pm  
Cost: \$60

(\*Note that if student is participating in the 13th annual Hoops 'N Bats camp that starts at 8:30 am as well please select session C)

Session B: Boys Entering Grades 2-8  
Shooting Intensive Camp  
July 15th-18th  
Time: 9:00 am-12:00 pm  
Cost: \$60

**13th ANNUAL HOOPS 'N BATS CAMP**

Session C: Boys Entering Grades 2-8  
May 28th- May 31st  
Time: 8:30-3:30  
Cost: \$110

Campers participating in the Hoops 'N Bats will attend baseball camp from 8:30-11:30, eat lunch from 11:30-12:30, and then participate in a basketball camp from 12:30-3:30. Hamburgers, hot dogs, and chips will be available to purchase during lunch hours.

**CAMP OBJECTIVES**

- Emphasis on Fundamentals
- Individual Skill Development
- Shooting and Footwork
- Games and Lots of Fun

**APPLICATION FORM**

**New! Register online at:**  
**statesmensportscamps.com**

or

Fill out form completely.

Mail completed form and check payable to Webster Groves High School to:

Justin Mathes  
Webster Groves High School  
100 Selma Ave  
Webster Groves, MO 63119

PLEASE PRINT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ GRADE(entering) \_\_\_\_\_

SCHOOL \_\_\_\_\_

E-MAIL \_\_\_\_\_

(CIRCLE ONE)

Adult T-Shirt Size: S M L XL

Youth Sizes: M L

SESSION (circle all that apply):

A B C

I hereby authorize the director of the basketball camp to act for me according to his best judgment in an emergency requiring medical attention. I know of no such medical or physical problems which might affect my child's ability to safely participate in this camp. I will be responsible for medical or any other charges in connection with his attendance of camp. I agree to abide by the rules and regulations of the camp.

X \_\_\_\_\_  
(Parent or Guardian Signature)

FOR MORE INFORMATION CALL:  
**(573)301-9208**