



BEARS BASKETBALL
OFFENSIVE SKILLS CLINIC
MARTIN LUTHER KING DAY
MONDAY, JANUARY 18, 2010
9:00 AM – NOON

Registration begins at 8:30 AM at the Adrian Tinsley Center on the campus of Bridgewater State

OPEN TO BOYS & GIRLS
AGES 5 TO 15

COST OF CLINIC:
\$25 if pre-registered by Thursday, January 15th
\$30 the day of the clinic

The Bridgewater State Basketball team will be hosting a one-day offensive skills clinic for both boys and girls. Similar to our Veteran's Day clinic, participants will be taught by the 2009 - 2010 Bridgewater State Bears coaches and players; but the format will be different as we will be using the same drills we use everyday in practice, and the focus will be on offense.

Players will be broken up into groups, by age. This will allow younger players to work on basic skills while older players will be able to work on more advanced skills.

The clinic will focus on these Skills:

- Ball Handling
- Shooting
- Individual moves
- Post moves
- Fast Break

For more information about the one-day clinic you may contact Joe Farroba at (508) 695-5666 or Bridgewater State College Athletics at (508) 531-2257.

E-mail us at: bridgew_hoops@bridgew.edu

100% of the proceeds from this clinic go towards funding the Bears Basketball program, including equipment and travel expenses.

On-line pre-registration available at:

<https://login.ezfacility.com/app/OnlineRegistrations/Register.aspx?CompanyID=664&GroupID=70341>

This application is to be accompanied by check or money order. While pre-registration is not required, it is appreciated. You may make the check payable to [Bridgewater State Athletics-Basketball](#). Mail application and check to:

Men's Basketball – C/O Cathy Davis
Adrian Tinsley Center
325 Plymouth Street
Bridgewater, MA 02325
Attn: Offensive Skills Clinic

Name: _____ **Birthday:** _____ **Grade:** _____

Address (street, city, state, zip):

Name (Parent) _____ **Phone:** _____
 {number(s) where you can be reached during clinic}

E-mail Address: _____

I hereby release Bridgewater State College from any and all liability for any injuries and illnesses incurred while at the clinic and agree that my child is in good health and able to participate in a clinic of this type.

Signature of Parent/Guardian _____ **Date** _____