

JOHN WALLACE BASKETBALL CLINICS



The clinic will focus on basic skill development to improve and prepare the player for the upcoming season.

Sundays - 10:30am-12:00pm - Boys and Girls Grades 6 - 10

FALL DATES

November 20, 27
December 4, 11, 18
5 weeks - **Cost: \$300**

WINTER DATES

January 8, 15, 22, 29
February 5
5 weeks - **Cost: \$300**

Limited to the first 25 participants!

John Wallace

- Former NBA Player - New York Knicks
- NCAA All-American Second Team (1996)
- Third all-time leading scorer at Syracuse (1996)
- Third all-time leading rebounder at Syracuse (1996)

John Wallace is a retired Syracuse basketball All-American and professional NBA player. In 1996, John was drafted in the first round by the NY Knicks. John played seven seasons in the NBA. On Jan. 12, 1996 he grabbed a season-high 10 rebounds in his pro debut. John appeared in the Schick Rookie Game at All-Star Weekend; the first NY Knick ever selected for the contest.

Clinics will be held at The Hardscrabble Club
You can register at www.ambclub2.com under our program tab

For more information contact Al Morales at 845-406-0130
or at amjrhoops12@gmail.com

2022 JOHN WALLACE BASKETBALL CLINICS AT THE HARDSCRABBLE CLUB

Registration Form

Player's Name: _____ Player's Grade: _____

Parent(s)'s Name: _____

Address: _____

City, State, Zip: _____

Telephone: () _____

Email: _____

Check All Sessions Attending:

FALL SESSION WINTER SESSION

Method of Payment: (please print)

Check (enclosed)
 Visa MasterCard

Credit Card No: _____ Expiration Date: _____

Security 3-digit code: _____

Please send your completed form with check payable to: **AMBC2** or email your registration form with credit card to amjrhoops12@gmail.com

Send To: **101 Somerset Road Hopewell Junction, NY 12533**

ALL PAYMENTS ARE NONREFUNDABLE. \$25 returned check fee.

Disclaimer: I hereby authorize the staff of the **AMBC2** to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release **AMBC2/Hardscrabble Club** from all liability for any injuries or illnesses incurred while participating at the facility or property. I have no knowledge of any physical impairment that would affect the player's participation, named to the above, in the league or tournament as outlined in the information. I also understand that **AMBC2** has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand and accept the tournament/league fees and refund policies.

Parent or Guardian Signed: _____ Date: _____