

# JOHN WALLACE BASKETBALL CAMP



The camp will focus on basic skill development to improve and prepare the player for the upcoming season while having fun.

**WEEK #1: July 8th -12th**

**WEEK #2: July 29<sup>th</sup> – August 2<sup>nd</sup>**

**WEEK #3: August 12th – 16th**

**Boys & Girls Grades 3<sup>rd</sup> – 10<sup>th</sup>**

**COST: \$340 per week – pre-registered**

**\$350 per weekday of camp**

**HOURS: 9:00am – 3:00pm**

#### **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 player and professional NBA player. In 1996, John was drafted in the first round by the NY Knicks. John played seven seasons in the NBA, with the NY Knicks, Toronto Raptors, Detroit Pistons, Phoenix Suns, and the Miami Heat.

Do not miss out on a chance to work with John and his coaching staff as they provide great player development along with fun and games. His camp will focus on basic development to improve and prepare all for the upcoming season.

**Lunch:** Campers must bring their own lunch, drinks, and snacks in a personal cooler.

**\*\*\*Please visit [WWW.AMBCLUB2.COM](http://WWW.AMBCLUB2.COM) and register under the camp tab\*\*\***

**Camp will be held at The Hardscrabble Club 22 Sutton Place  
Brewster, NY 10509.**

# JOHN WALLACE 2024 SUMMER BASKETBALL CAMP AT THE HARDSCRABBLE CLUB

## Registration Form

Player's Name: \_\_\_\_\_ Player's Grade: \_\_\_\_\_

Parent(s)'s Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Method of Payment: (please print)

- Check (enclosed)  
 Visa  MasterCard

Credit Card No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security 3-digit code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please send your completed form with check payable to: **AMBC2 or you may email your form and credit card to [amjrhoops12@gmail.com](mailto:amjrhoops12@gmail.com)**

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

\$25 returned check fee.

**Disclaimer:** I hereby authorize the staff of the **AMBC2 LLC** to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release **AMBC2 LLC/Hardscrabble Club** from any and 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 camp, league or tournament as outlined in the information. I also understand that **AMBC2 LLC** 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_