

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 7th -11th

WEEK #2: July 28th – August 1st

WEEK #3: August 18th – 22nd

Boys & Girls Grades 3rd – 10th

COST: \$350 per week – pre-registered

\$360 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 and register under the camp tab

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

JOHN WALLACE 2025 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

Send To: **Al Morales 22 Sutton Place Brewster, NY 10509**

\$25 returned check fee.

General Cancellation will result in a \$25 processing 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: _____