

## LIL FLYERS' CLINIC WOMEN'S BASKETBALL

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*Enrollment limited to 200*

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**Who:** All girls grades 1-6

**When:** Sept. 20 and Oct. 4, 2008 /  
9:30 am - 11 am (doors open at 9 am)

**Cost:** \$35 per person (pre-registered) / \$40 per person at the door

**Where:** On the campus of Lewis University in Neil Carey Arena

## Learn Basketball Fundamentals from Lewis Women's Basketball Coaches and Players

*Instruction to include: Dribbling, Shooting, Passing, Goal Setting*

*For more information call 815-836-5849*



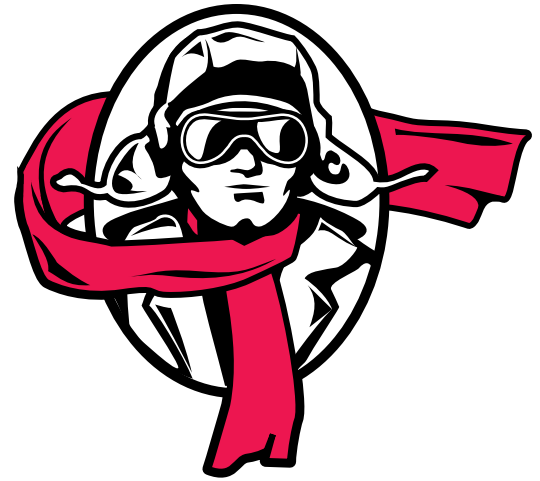
### **Each participant will receive:**

- Two mornings of instruction and participation
- Lil Flyers t-shirt
- Free admission to all Flyer women's home games
- Sign up for ball girl at home games

### **Schedule of Events**

September 20, 2008  
9:00 Check-In (all participants)  
9:30 a.m. – 11:00 a.m.  
October 4, 2008  
9:30 a.m. – 11:00 a.m.  
Doors open at 9:00 a.m.

*Registration form on back*



# LIL FLYERS' CLINIC

## WOMEN'S BASKETBALL

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### *Lil Flyers' Clinic Registration*

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent E-mail \_\_\_\_\_  
Emergency Contact Name / Number \_\_\_\_\_

Please include a \$35.00 check (made payable to Lewis University, memo Women's Basketball) with this application form and mail to:

Lewis University  
Women's Basketball Office  
One University Parkway  
Romeoville, IL 60446

PARENTS RELEASE AND INDEMNITY AGREEMENT: We (I) hereby request that you accept the application of \_\_\_\_\_ in the 2008 Lewis "Lil Flyers" Clinic during the dates set forth in this application, and in consideration of your acceptance of the application, we (I) hereby release the Lewis "Lil Flyers" Clinic, the BOARD of TRUSTEES of LEWIS UNIVERSITY and their employees and agents from all claims on account of any injuries which may be sustained by our (my) daughter while attending the Lewis "Lil Flyers" Clinic, and its employees and agents from any claim which may hereafter be presented by our (my) daughter as a result of any such injuries.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: (parent) \_\_\_\_\_

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**Special thanks  
to our clinic  
sponsor:**

**WRITE ON DESIGNS**

1847 Grassy Knoll Drive  
Romeoville, IL 60446  
(815) 886-5340  
writeondesigns@comcast.net