

**PUTNAM SUMMER BOYS AND GIRLS  
BASKETBALL CLINIC 2024**

AGES 5-15 / 3 Sessions of Instruction



➤ **CLINIC DATES:**

*Monday-July 29<sup>th</sup>, Tuesday-July 30<sup>th</sup>, Wednesday-July 31<sup>st</sup>*

➤ **HOURS:** 9 AM TO 1 PM

➤ **PLACE:** Putnam Middle School Gym

➤ **INSTRUCTOR:** TOM ESPINOSA – PSA Head Coach



Use QR Code to Sign up ONLINE or  
PRINT APPLICATION FROM OUR WEBSITE:

<https://www.putnamct.us/departments/parks-and-recreation>

PLEASE CONSIDER YOUR APPLICATION AS CAMP CONFIRMATION.

**PUTNAM RESIDENTS COST: \$45**

**COST:** \$70 NON-REFUNDABLE REGISTRATION FEE FOR NON-PUTNAM RESIDENTS.

Includes a T-Shirt and 3 Sessions of instruction for each participant.

**FORMAT:** PARTICIPANTS WILL BE GIVEN INSTRUCTION BY AGE GROUP.

**BOYS AND GIRLS AGES 5 -15**

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**REGISTRATION FORM**

**PLEASE COMPLETE AND MAIL TO:** REC. DEPT., 200 SCHOOL ST., PUTNAM, CT 06260

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

(Circle) Male or Female

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_ (S-M-L)

I, THE UNDERSIGNED, RELEASE THE TOWN OF PUTNAM AND ITS EMPLOYEES FROM ANY AND ALL DAMAGES I MAY HAVE AGAINST THEM FOR ALL INJURIES SUFFERED BY THE INDIVIDUAL REGISTERED ABOVE IN SAID BASKETBALL CLINIC.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

**CHECKS PAYABLE TO: PUTNAM BASKETBALL CLINIC**