

**COACH BILODEAU'S
MANASQUAN WARRIOR
BASKETBALL CAMP 2025**



2 GREAT WEEKS!

EACH SESSION \$175

BOTH SESSIONS- \$300

**ATTEND BOTH AND SAVE
\$50!**

SESSION 1- JULY 7-10(9AM-12)

SESSION 2- JULY 21-24 (9AM-12)

@ MANASQUAN H.S.

*Come and learn from
the coaches and players of
Manasquan High School*

**'09,'15,'19,'20,'22,'23,'24'25
CJ STATE CHAMPIONS**

FOR BOYS GRADES K-8th

Instruction by Manasquan High School coaching staff and Varsity players!

- Players grouped by age and skill
- Focus on fundamentals
- Improve individual skills
- Learn team concepts
- Informational lectures
- Instructional stations
- Small sided Team games

MAKE CHECKS PAYABLE TO CAMP DIRECTOR:

“Andrew Bilodeau”

29 Trenton Ave. Manasquan 08736

908-814-1438

abilodeau@manasquan.k12.nj.us



PLEASE CIRCLE A SESSION

SESSION 1 - \$175

SESSION 2- \$175

BOTH SESSIONS- \$300

Camper Name: _____ **Grade (Fall 2025)** _____ **T-Shirt Size: (ADULT) S M L XL XXL**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Phone: _____ **Email Address:** _____

A check made payable to “Andrew Bilodeau” is required with this application.

Waiver: I hereby certify that the applicant is in good physical condition to take part in the basketball camp. If medical attention is required for illness or injury while attending the camp, I give my permission for such care and I certify that the applicant is covered by our medical insurance. Warrior Basketball Camp Directors and Staff are not responsible for payment of medical fees caused by injury incurred while participating in the Warrior Basketball Camp. By signing below, I grant the camp the right and permission with respect to the photographs/video that may be taken of my child(ren) or which may be included with others. The camp withholds the ability to use, re-use, and republish, in whole or in part, individually or in conjunction with other photo/video, in any medium and for any purpose whatsoever, including (but not always by limitation) illustration, promotion, advertising, and trade.

Parent/Guardian Signature/ Date: _____