



The White Bear Basketball Association
is proud to sponsor the



Holiday Basketball Clinic

MINNESOTA TIMBERWOLVES & THE NATIONAL BASKETBALL ACADEMY

This holiday season, the Timberwolves and the National Basketball Academy are proud to offer a full day clinic designed to improve the skill level of any youth basketball player. We invite you to join us for a day of fun and, as a special bonus, every participant will get a ticket to a Wolves and Lynx game!

- What:** Minnesota Timberwolves Full Day Holiday Basketball Clinic
For boys and girls in 1st through 4th grades, Tuesday, December 29
For boys and girls in 5th through 8th grades, Monday, December 28
- Time:** 9 a.m. – 3 p.m. (Lunch/Beverage provided by WBBA)
- Where:** White Bear Lake North Campus Gym
5045 Division Avenue
White Bear Lake, MN 55110
- Cost:** \$60

Every Participant Receives:

- Full Day of Instruction from the National Basketball Academy plus a Lunch and Beverage!
- One ticket to a Minnesota Timberwolves and Lynx regular season home game!
- Additional game tickets will be made available at a discount for family and friends.

**Pre-Register online at www.whitebearbasketball.com or mail this form to:
WBBA c/o Beth Anderson 2390 5th Court, White Bear Lake, MN. 55110
or call Scott Olson for more details at (651) 246-0274**

| TIMBERWOLVES HOLIDAY BASKETBALL CLINIC | | |
|---|------|--------|
| PARTICIPANT NAME: | AGE: | GRADE: |
| PARTICIPANT NAME: | AGE: | GRADE: |
| # OF PARTICIPANTS _____ x \$ _____ (\$60) = \$ _____ | | |
| <input type="checkbox"/> CHECK/MONEY ORDER PAYABLE TO: WHITE BEAR BASKETBALL ASSOCIATION (WBBA) OR BRING PAYMENT ON DAY OF CLINIC | | |



PARENT/GUARDIAN: _____ SIGNATURE _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

DAY PHONE (_____) EMAIL (required): _____

We, the undersigned, do hereby consent to our child's participation in the Minnesota Timberwolves clinic. Our Child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by the National Basketball Academy and the Minnesota Timberwolves. I/we do further release their agents and employees and any others associated with the clinics from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with the Minnesota Timberwolves clinics.

Parent or Guardian Signature _____

Note- Due to the team's travel and practice schedule, an appearance by a Timberwolves player is not expected.

