

Elite Skills College Prep Clinic

BASKETBALL

Learn all aspects of being a successful college basketball player



Headlined by:
Tony Dominguez
HEAD COACH
MEN'S BASKETBALL

NCAA Division II National Champions: 2012
NCAA Division II Final Four: 2001, 2013
GNAC champions 2020, 2017, 2013, 2012, 2009, 2005
GNAC Coach of the Year: 2013, 2017
Coached 5 All Americans and
12 GNAC Academic Selections

- Game strategies and special situations
- Mental training
- College practice regiment
- NCAA Compliance regulation
- Fundamental Skills
- Film sessions:
(what to watch for & how to improve)

Each player's skill level will be evaluated and graded by coaches.



Coaches include; NCAA D2 coaching staff including
Former NBA G League; Player Development Coach
Houston Rockets AJ Albritton

Cost: \$175

**Middle school/JV
Varsity**



Location

Bellevue College
Bellevue, WA

Dates

Monday, Tuesday, Wednesday
August 2nd ,3rd ,4th

Sessions

Junior Varsity: 8:30a -12p
Varsity: 1p - 4:30p

Email domingueztony94@gmail.com to reserve a spot and we will provide a venmo account
For checks send to Elite Events Group-1100 Undine Street-Bellingham, WA 98229

For more information contact:

REGISTRATION (please print)

Name _____ Phone _____ Age (during camp) _____ Grade as of Fall '21 _____

Address _____ City _____ State _____ Zip _____

RELEASE FORM- MUST BE SIGNED AND RETURNED WITH REGISTRATION.

Release: In consideration of the acceptance of this application for the Elite Events Group, I intend to be legally bound, hereby for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages which I may have against Elite Events Group or its representatives and / or assignees, for any and all damages which may be sustained and suffered by me in connection with my association with any portion of this camp or any related activities, and which may be out of my traveling to or returning from this camp. I know of no medical or physical problems which may affect my ability to safely participate in this camp. I authorize the directors and staff to act in their best judgment in any emergency requiring medical attention. Parents or guardians accept these provisions by their consenting signature (REQUIRED ON ALL APPLICATIONS REGARDLESS OF AGE OF THE PARTICIPANT).

Parent or guardian signature _____ Phone(home) _____

Participant signature _____ Phone(work) _____