

# SOLANCO BOYS BASKETBALL SUMMER CAMP

**WHO** – Boys entering 3<sup>rd</sup> through 8<sup>th</sup> grades  
**WHERE** – Swift Middle/Clermont Elementary School  
**WHEN** – June 29<sup>th</sup>, June 30<sup>th</sup>, July 1<sup>st</sup>, July 2<sup>nd</sup>  
**TIME** – 8:30 AM-12:00 PM

\*Award Ceremony Begins Thursday at 11:30 AM\*

## How Your Son Benefits from Attending the Solanco Boys Basketball Camp:

Individual Attention from the Solanco High School Coaching Staff:  
Your son will be immersed into our program, its work ethic, and interact with the players that are directly involved with Solanco Basketball.

Early exposure to their future coaches on all levels (7<sup>th</sup> – 9<sup>th</sup> , JV, Varsity)  
Daily instruction with competitions, daily prizes, and fun!  
Special competitions with camp staff as well as current and former Solanco Players

- Register early, due to limited space
- Fee is \$80 if received in full by June 1st
- Brothers Fee is \$70 a piece
- Fee is \$90 if received after June 1st

**Make Checks payable to:**  
Solanco Boys Basketball Boosters  
**Mail Checks to:**  
C/O Athletic Department  
585 Solanco Road  
Quarryville, PA 17566

Registration can also be completed online! Contact Coach Gaffey at the following email to get the sign-up link!

Email Coach Gaffey:  
scott\_gaffey@solancosd.org

## PLAYER REGISTRATION

Camper Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Parent Email (please print)\_\_\_\_\_

Grade during 2026-2027 (NEXT) school year

\_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_

I hereby approve of my child's attendance at the Golden Mules Basketball camp. I certify that my child is in good health and able to participate in this program. I authorize the director and staff to act for me in their best judgment in any emergency regarding medical attention. I understand that I would be contacted immediately should an emergency arise. I also agree that the Golden Mules Basketball Camp Director, staff, or Solanco School District are not responsible for any injury that may occur during the week of camp.

Parent Signature \_\_\_\_\_

Physician's name \_\_\_\_\_

Cell Number:  
\_\_\_\_\_

CIRCLE ONE: **SHIRT SIZE** –

Boys S M L XL XXL

Adult S M L XL XXL

**GOLDEN MULES PRIDE**

