



**only**  
**\$30**

# It is your turn to learn from a pro!

Join *Olympian, World Champion* and *WNBA Champion* Tully Bevilaqua at her **Semi-Private Lessons.**

(Boys & Girls Ages 6-17)

**Semi-Private Lessons feature:**

- \*Top-notch Instruction\*
- \*Limited Class Sizes\*
- \*Autographed picture with Tully\*
- \*\*\*Direct training from Tully\*\*\*

## WHERE

Concord Neighborhood Center  
1310 S Meridian St  
Indianapolis, IN 46225

**Put an 'X' next to the dates you plan to attend**

*(should you need to miss a session you may attend another session given availability)*

## COST

**\$30 per session**

**\$20 per session when you sign-up for 10 or more sessions**  
**(Full payment due with form)**

November 6 <sup>th</sup>	5:30-6:30pm
November 13 <sup>th</sup>	5:30-6:30pm
November 20 <sup>th</sup>	5:30-6:30pm
December 4 <sup>th</sup>	5:30-6:30pm
December 11 <sup>th</sup>	5:30-6:30pm
December 18 <sup>th</sup>	5:30-6:30pm
January 8 <sup>th</sup>	5:30-6:30pm
January 15 <sup>th</sup>	5:30-6:30pm
January 22 <sup>nd</sup>	5:30-6:30pm

January 29 <sup>th</sup>	5:30-6:30pm
February 5 <sup>th</sup>	5:30-6:30pm
February 12 <sup>th</sup>	5:30-6:30pm
February 19 <sup>th</sup>	5:30-6:30pm
February 26 <sup>th</sup>	5:30-6:30pm
March 4 <sup>th</sup>	5:30-6:30pm
March 11 <sup>th</sup>	5:30-6:30pm
March 18 <sup>th</sup>	5:30-6:30pm

**BASKETBALL CAMP**

Campers Name		Date of Birth	Email	
Mailing Address		City	State	Zip Code
Parent/Guardian	Contact #	Alt. Contact #		
Insurance Company	Policy Holder	Policy Number		

**I have included \$ .00 for Semi-Private Lessons.**

**DISCLAIMER** I hereby authorize the staff of the "Tully Bevilaqua Basketball Camp" to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Tully Bevilaqua, Tully Bevilaqua LLC, Concord Neighborhood Center and all sponsors from any and all liability for any injury or illness. I have no knowledge of any physical impairment that would affect the camper's participation, named to the above, in the camp program. I understand that I am solely responsible for the payment of any such medical expenses and provide the camp proof of medical and accident insurance.

I also understand the Camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

***Cash or Check Accepted***

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For more information, visit**  
**[www.tullybevilaqua.com](http://www.tullybevilaqua.com)**  
**Or call (317)508-5625**

**MAIL TO**  
**Tully Bevilaqua LLC**  
**P.O. Box 681175**  
**Indianapolis, IN 46268**

*A confirmation letter will be sent to each participant upon acceptance. Please allow up to two weeks for the confirmation letter to arrive. Numbers Limited. No Refunds. Makeup classes upon availability.*