

# **PIONEER BOYS' BASKETBALL CAMP 2025**

FOR boys going into grades 3-11

DATES are June 9-12, 2025 @ High School Competition Gym and Auxiliary Gym.

TIMES are 8:00am to 11:30am for grades 7-11 and 12:30pm to 4:00pm for grades 3-6.

AWARDS CEREMONY for AM session on Thursday, 11:15am - 11:30pm.

AWARDS CEREMONY for PM session on Thursday, 3:45pm - 4:00pm.

COST is \$90 (each additional child in the same family \$50).

CAMPERS receive a FREE camp T-shirt, and significant playing time while participating in two or three full-length games per day with a maximum of ten players per team.

OTHER CAMP HIGHLIGHTS include team and individual competitions, daily prizes, instruction by L-S coaching staff and varsity players, daily breakdown stations on all individual skills, team concepts, and team play.

REGISTRATION process is to,...

- (1) Make check payable to "Pioneer Boys Basketball Camp"
- (2) Return the registration fee and complete form by Friday, May 30, 2025
- (3) Make check payable to Pioneers Boys Basketball Camp
- (4) Drop off or mail to 101 Chelsea Loop, Lancaster, PA, 17602.

Please send a separate form for each child.

If you have any questions, please call Coach Achille at 405-8057 or e-mail at [john\\_achille@l-spioneers.org](mailto:john_achille@l-spioneers.org).

See REGISTRATION FORM on back →

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RETURN THIS PORTION WITH PAYMENT

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade UPCOMING SCHOOL YEAR - August 2025 is \* \_\_\_\_\_

*\*Please do not forget to mark item above – grade that your son is going in to in the Fall (this is how we form teams for the week).*

Parent's Names: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address: Street/P. O. Box: \_\_\_\_\_ Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

T-shirt SIZE (ADULT size): \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

T-shirt SIZE (YOUTH size): \_\_\_S \_\_\_M \_\_\_L

Will you be at camp every day? If not, please let me know which day(s) you cannot make. This helps with the formation of teams for each session.

\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for my son to participate in Pioneer Camp and release the coaching staff, the L-S School District, and the Basketball Booster Club from any responsibility in case of accidental injury. I acknowledge that basketball is a contact sport in which participants are sometimes injured.

Signature of father/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of mother/guardian: \_\_\_\_\_ Date: \_\_\_\_\_