About the Camp:
Coach Manning and his staff will use their experience to promote a learning environment at the TC Skills Basketball Camp. The camp will stress individual improvement, skill development and fundamentals. We will give each camper individual attention within a structured environment. The camp will encourage hard work, enthusiasm and positive attitudes so that each camper can have a rewarding experience.

Extra Information:
Camp participants should come dressed with t-shirts, shorts and basketball shoes.

Most importantly, participants should bring a great attitude and work ethic, and you will learn a lot and have a great time. Campers will be placed into challenging environments at times. Drills performed in camp should be utilized throughout the summer to ensure maximum basketball improvement.
Camp Information

June 27-30
Ages 8-17

Camp Hours:
Tuesday-Friday—9 a.m.-noon

Fee:
$125 ($50 deposit due at the time of registration)
*Includes camp t-shirt

Make Checks Payable to:
TC Skills Basketball Camp

For more information, call:
Chris Manning
(518) 564-4151
cmann005@plattsburgh.edu

Camp Director
Chris Manning
Assistant Coach
Plattsburgh State

Coach Manning finished up his first year as an assistant basketball coach at Plattsburgh State in 2016-17 after having served in the same role in 2015-16 at St. Lawrence University. He has coached at various basketball camps and clinics, including Hoop Group Elite Camp, Game 7 Camp and the Long Island Lutheran Basketball Camp.

A former star point guard for the Cardinals, Manning led NCAA Division III in steals his senior season with 95 and led the country in steals per game (3.83) his junior year.

Staff
Current and former Cardinal stars serve as camp instructors.

APPLICATION

Name: __________________________

Address: ____________________________________________

City: _______________________________________________

State: ______________ Zip: ______________

Email: _____________________________________________

Please circle your adult t-shirt size:
S          M           L          XL

Age: __________ Birthdate: ___/___/___

Home phone: (____) __________________________

School: ___________________ Next grade _______

Emergency Contact: __________________________________

Phone: (____) __________________________

Please enroll the undersigned. I understand that neither Plattsburgh State nor anyone associated with the Cardinal Hoop Camp will assume responsibility for accidents incurred as a result of participation in this program. The applicant is in good health and able to participate in the physical activity of a vigorous program. In the event of injury or illness, the camp has my permission to provide medical care.

SIGNATURE OF PARENT OR GUARDIAN

Men’s Basketball Office
101 Broad St. | Plattsburgh, NY 12901