

SUPERCAMP AND SUPERCLINICS 2017
ULTIMATE TAIL GAL- POINT GUARD CAMP

Girls Basketball SuperCamp Recommendation Form

Coach's Name: _____

Home Phone: _____

Coach's email: _____

Home Address (Street): _____

City/Town: _____

State: _____ Zip: _____

Player's Name: _____

Rating Guide:		
3 = Excellent	2 = Average	1 = Developing

Attitude _____ Strength _____

Quickness _____ Scoring Ability _____

Success _____ Defensive Ability _____

What group should your player be placed in?

(please circle)

Advanced

Average

Developing

Strengths: _____

Weaknesses: _____

**What would you like your player to learn most from
this camp?**

(Please note: Individual instruction will be provided based on your comments.)

*Please use the back of this sheet to write a brief but accurate
description of your player's abilities.*

Feel free to contact us if you have any questions!

Phone: (585) 478-7111

Email: rguy2@rochester.rr.com