

DATES & FEES

CAMP DATE: Wednesday, June 28, 2017

TIMES: 1:30 - 5 p.m.

AGE: For those entering 10th-12th grade and graduating seniors (Class of 2017)

(Should be varsity level players based on competition)

LOCATION: Kolf Sports Center on the campus of UW-Oshkosh

FEE: \$50 (includes UW-Oshkosh t-shirt)

Session focuses on college level skill work.

- Intended for those who want to compete at the next level.

Work directly with UW-Oshkosh coaching staff in a college drill/workout setting.

Compete with and against other top players throughout the region.

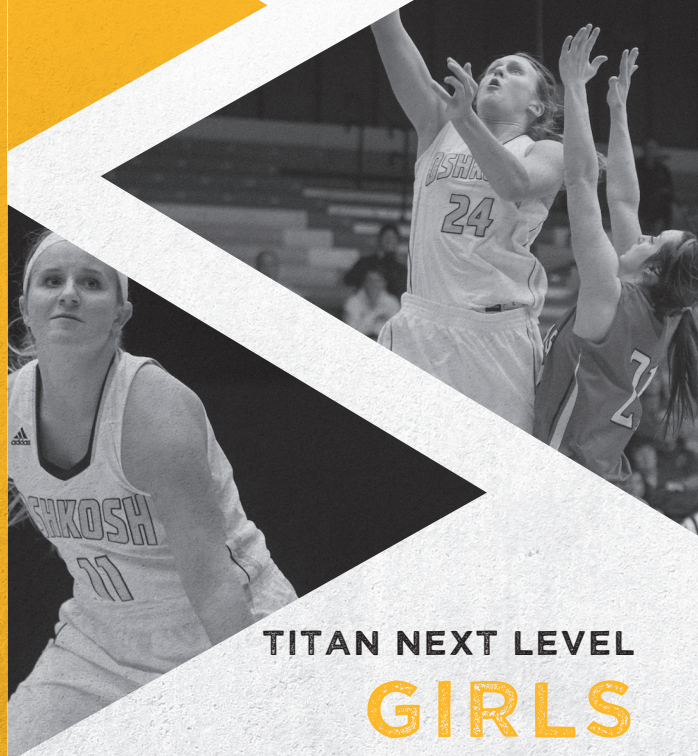
*Extremely competitive pricing compared to other skill development/personal training sessions.

TO REGISTER, visit uwoshkoshsportscamps.com OR send the registration form to:

UW-Oshkosh Sports Camp
Kolf Sports Center
800 Algoma Boulevard
Oshkosh, WI 54901

Please make checks payable to UW-Oshkosh Sports Camps and identify camper's name on check.

For more information please email Kelly McNiff at mcniffk@uwosh.edu. Cancellations/no-shows will result in no more than half of camp tuition being refunded.



TITAN NEXT LEVEL GIRLS BASKETBALL CAMP JUNE 28, 2017

uwoshkoshsportscamps.com

CAMP DIRECTOR



BRAD FISCHER

**2-TIME WIAC COACH OF THE YEAR
(2016-17; 2012-13)**

Head women's basketball coach Brad Fischer completed his fifth year at UW-Oshkosh by leading this year's Titan squad to a 26-4 record, the school's first outright WIAC regular season championship since 1999, and a berth in the NCAA Tournament "Sweet 16."

Fischer guided the Titans to their fifth consecutive 20-win season. UW-Oshkosh finished the season ranked 2nd in the Central Region and 9th in the nation.

The Titans finished first in the WIAC during the regular season and earned a berth in the conference tournament title game for the fourth straight season. UW-Oshkosh is 118-27 during Fischer's tenure including a 14-6 mark in the postseason. UW-Oshkosh has won at least one game in the NCAA Tournament four straight years; one of just six programs in the country to achieve that feat.

Fischer's team led the WIAC in scoring defense (50.5 ppg), scoring margin (+14.5), field goal percentage (41.3%), field goal percentage defense (35.4%), rebounding defense (33.3/game), turnover margin (+4.40), and assist/turnover margin (0.97). Overall, UW-Oshkosh finished in the top three in 12 of 19 major statistical categories kept by the WIAC. The Titans were second in the country in turnovers.

Five Titans received WIAC honors. Senior guard Taylor Schmidt and junior forward Eliza Campbell were voted First Team All-WIAC, while senior guard Morgan Kokta and senior center Alex Richard were selected to the Honorable Mention All-WIAC team. Schmidt and Kokta were both selected to the All-Defensive team. Schmidt garnered the conference's Player of the Year Award, the first Titan to do so since 1998 while Coach Fischer was named Coach of the Year in the WIAC.

REGISTRATION FORM

UW OSHKOSH TITAN NEXT LEVEL GIRLS BASKETBALL CAMP

Visit uwoshkoshsportscamps.com to register, or fill out the form below. [PLEASE PRINT CLEARLY]

Name _____
Last First MI
Address _____
City _____ State _____ Zip _____
Age _____ Gender _____
Grade Entering in Fall '17 _____
School Attending in Fall '17 _____
Coach/Director of Team/Program _____
T-Shirt Size (adult, circle one) XL LG MD SM
Parent or Guardian _____
Work Phone (_____) _____
Mobile Phone (_____) _____
Email _____
Emergency Contact _____
Mobile Phone (_____) _____
Work Phone (_____) _____

Complete One:

Enclosed is \$ _____ as full payment.

Enclosed is CC information:

Credit Card (circle one): Visa Mastercard Amer Express

Credit Card # _____

Exp. Date _____ ID Code _____

Cardholder's Name (printed) _____

Cardholder's Signature _____

Insurance Company _____

Address _____

Policy Holder _____

Policy Number _____

I verify that my child has been checked by a licensed physician and is physically able to participate in the sports camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. I authorize my insurance company to pay benefits. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim. I understand that if this application is accepted there is no refund of the deposit if we should cancel the application later.

Parent/Guardian Signature _____