



**Warwick Workouts**  
Advanced Offensive Player Development Camps and Clinics

*Powered by Avera Sports*

## **Gillette Basketball Clinic**

**Clinic Dates: October 24-25**

4<sup>th</sup>-6<sup>th</sup> Grade Boys/Girls

7<sup>th</sup>-9<sup>th</sup> Grade Boys/Girls

**Featuring Warwick Workout's Lead Trainer:  
Cody Schilling**

Minnesota High School All-time Leading Scorer  
Augustana College Sioux Falls, SD – All-time Leading Scorer

### **Workout Goals**

Workouts are designed to provide each athlete with a high-intensity workout that teaches the skill sets needed to make athletes' individual workouts more productive, therefore enhancing their game.

### **Clinic Features**

- In-season and off-season shooting programs
- Shooting instruction and development
- Footwork/shot preparation
- Strength training and agility

### **Advanced Drills**

- Carmelo Anthony Series
- Half Spin Series
- Kobe Back Pivot Series
- D. Wade Series
- NBA Guard Crawls
- Attack The Point



***Each athlete receives Warwick Workouts Hoodie***

**For more information, visit our website  
at [WarwickWorkouts.com](http://WarwickWorkouts.com) or contact us at  
605-391-6700 or [warwickworkouts@gmail.com](mailto:warwickworkouts@gmail.com)**



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@warwickworkouts

# Clinic Details

**Location:** Sage Valley Junior High Gym I  
1000 West Lakeway Road  
Gillette, WY 82718

**Session 1: Cost \$85**  
**4<sup>th</sup>-6<sup>th</sup> Grade Boys/Girls**

Fri., October 24<sup>th</sup> (6-7:30pm)  
Sat., October 25<sup>th</sup> (9-11:30am)

**Session 2: Cost \$105**  
**7<sup>th</sup>-9<sup>th</sup> Grade Boys/Girls**

Fri., October 24<sup>h</sup> (7:30-9pm)  
Sat. October 25<sup>th</sup> (12:00-2:30pm) &  
(2:45-4:15pm)

***Each athlete receives Warwick Workouts Hoodie***

For questions about the clinic please contact Mike or Jacque DeLancey  
**mdelancey@ccsd.k12.wy.us**      **jkampfe@ccsd.k12.wy.us**  
**307-660-8844 Cell**                      **307-687-0289 Home**

## Registration Form

To register for clinic please send this registration form  
and full camp payment to



Mike and Jacque DeLancey  
904 Pioneer Ave  
Gillette, WY 82718

***Please make checks payable to: Avera Sports***

Name of athlete \_\_\_\_\_ Grade \_\_\_\_\_

Session 1: 4<sup>th</sup>-6<sup>th</sup> Grade \$85

Session 2: 7<sup>th</sup>-9<sup>th</sup> Grade \$105

Parent name \_\_\_\_\_

Contact number \_\_\_\_\_

Email address \_\_\_\_\_

**Gillette Basketball Clinic**  
**Dates Oct. 24-25**

## Camp Waiver Information

I understand that the staff is not and will not be held responsible for illness or injury while my child participates in camp activities. I authorize the staff to secure any emergency treatment deemed necessary. I also acknowledge that the above participant is physically ready for camp activities.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date