



2025

# St. Mary's Springs Ledgers Girls Basketball Camp

Camp Director: Mitch Redig, Head Coach

mredig@smsacademy.org (920) 960-1598

Follow camp on Twitter: @CoachRedig04 @LedgersGBB

**DATES:**

Monday, June 2 - Thursday, June 5

Grades 2-3 9:00 am - 10:00 pm

Grades 4-5-6 10:15 am - 12:15 pm

Grades 7-8-9 12:30 pm - 2:30 pm

**\*\* Grades are for the fall of the 2025-26 school year\*\***

- The camp will be held at St. Mary's Springs Academy: 255 County Road K, FDL, WI 54937

**PHILOSOPHY:** We have designed the basketball camp to meet the needs of players of all ability levels. Coach Redig and his staff will utilize years of coaching experience at the high school level to help each individual improve and to teach them how to continue to improve after camp has concluded. Also, present and former Ledger players will be used to demonstrate skills and share their experiences in basketball at the high school level. Camp will be planned to resemble our high school practices.

**CAMP GOAL:** Our goal is to provide quality instruction of the fundamentals of basketball for grade school players. The emphasis of our camp will be to help the players improve their skills for next year and future seasons.

**CAMP FEATURES:**

Camp T-shirts	Competitive full & half court games
Chalk talks by coaches	Shooting instruction
Individual & team defense	Passing & ball handling
	Individual workouts
	Contests & awards

**REGISTRATION:** Be sure to register early. Registration deadline is FRIDAY, May 23, 2025.

**CAMP COST:** \$ 70.00 Grades 4-9 \$35.00 Grades 2-3

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NAME \_\_\_\_\_

GRADE '25-'26 \_\_\_\_\_ HEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

SCHOOL LAST YEAR \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

T-SHIRT SIZE (circle one): Youth Sizes: M L Adult Sizes: S M L XL XXL

Checks may be made payable to: SMSA Camps

Send to: Mitch Redig  
474 Maona Ave.  
Fond du Lac, WI. 54935

**PARENT'S STATEMENT:** In case of an accident or emergency, I hereby authorize the camp directors to act according to their best judgement in a medical emergency. I accept full responsibility for liability and the cost of treatment.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_