



## 26th Annual

# St. Mary's Springs Ledgers 2025 Boys Basketball Camp

Camp Director: Kyle Krueger, Head Coach  
kkrueger@smsacademy.org (920)-948-3466

**DATES:** Monday, June 16 - Thursday, June 19 \*\* Grades are for the fall of the 2025-26 school year\*\*  
Grades 4 - 5 8:00 am - 10:00 pm  
Grades 6 - 7 10:30 am - 12:30 pm  
12:30 pm - 1:00 pm Lunch Break for Coaches  
Grades 8 - 9 1:00 am - 3:00 pm

- 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 Krueger 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 using a *small sided games approach*.

**CAMP FEATURES:**

Chalk talks by coaches  
Individual & team defense

Camp T-shirts  
Shooting instruction  
Individual workouts

Competitive full & half court games  
Passing & ball handling  
Contests & awards

**REGISTRATION:** Be sure to register early. Registration deadline is **FRIDAY, June 6, 2025.**

**CAMP COST:** \$ 70.00 Grades 4-9

----- Cut and send bottom portion -----

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**

Please send registration to: **Kyle Krueger**  
**59 Cumberlynn Dr.**  
**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 \_\_\_\_\_