



2026

# 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 8 - Thursday, June 11  
Grades 2-3-4-5 9:00 am - 10:15 pm  
Grades 6-7-8-9 10:30 am - 12:30 pm

**\*\* Grades are for the fall of the 2026-27 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.

<b>CAMP FEATURES:</b>	Camp T-shirts	Competitive full & half court games
Chalk talks by coaches	Shooting instruction	Passing & ball handling
Individual & team defense	Individual workouts	Contests & awards

**REGISTRATION:** Registration deadline is FRIDAY, May 29, 2026.

**CAMP COST:** \$ 70.00 Grades 6-9      \$45.00 Grades 2-5

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

NAME _____	GRADE '26-'27 _____	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: <u>SMSA Camps</u>	Send to:	Mitch Redig 474 Maona Ave. Fond du Lac, WI. 54935
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**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 \_\_\_\_\_