



## 27th Annual

# St. Mary's Springs Ledgers 2026 Boys Basketball Camp

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

**DATES:** Monday, June 22 - Thursday, June 25 **\*\* Grades are for the fall of the 2026-27 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*.

<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:** Be sure to register early. The registration deadline is **FRIDAY, June 12, 2026.**

**CAMP COST: \$ 70.00**

----- 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: **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 \_\_\_\_\_