

DATES:

July 27-31 AM only
August 10-14 AM & PM

LOCATION:

*First Baptist Church Doylestown
(Across from CB WEST/Next to Lenape)*

TIME:

AM camp: 9:00 am – 12:00 pm
PM camp: 1:00 pm – 4:00 pm
All Day camp: 9:00 am – 4:00 pm

AGES: 4 - 14 year olds

Join in the FUN at...

JUST JUMPIN' JUMP ROPE CAMP

Sign up online at:
www.jumpropecamp.com

Details:

Camp Director: Justin Pillmore
Bungee Jumpers Jump Rope Team Head Coach

Camp Tuition:
Half Day Camp - \$180
Full Day Camp- \$360

Discounts: 10% multiple sibling discount
(If you have multiple siblings registering, take 10% off the second paid tuition)

Who: All skill levels are welcome

Includes: T-shirt, Jump Rope, Snacks and Gatorade

Clinic Objective: Teaching kids the importance of living a healthy lifestyle through jump rope, a lifetime activity.

Contact Info:

Justin Pillmore
jumpropecamp@gmail.com
www.jumpropecamp.com
267.221.6111

What does a day look like and what will we be doing?

9:00 Sign-in, Warm-Up, Free Jump

9:15 Introductory game to get started and warmed up

9:30 Instruction time: learn moves, tricks, routines, etc.

9:45 Break off into small groups and work individually or with other group members to become proficient at new material

10:00 Come together as a whole group to master the moves and end of the week routine

10:15 Break for a snack (jump rope videos will be shown to promote students trying new tricks and getting ideas)

10:30 Students will be split into teams to participate in a jump rope type game

11:00 Stations: Double Dutch activities/ Partner Tricks/ Team Tricks

11:30 Work on end of the week performance

12:00 Review of the day, Dismissal, Free Jump

Please detach this section and mail in with check:

Camp Date(Circle One): July 27-31 AM August 10-14 AM August 10-14 PM

Child's First Name: _____ Child's Last Name: _____

Child's School: _____

Current Age: _____ Current Grade: _____ Phone Number: (_____) _____

T-Shirt Size(circle one): YOUTH ADULT
S M L S M L

Email Address(PLEASE PRINT): _____

Emergency Contact Name: _____ Phone Number: (_____) _____

How did you hear about our camp? _____

Please list any campers names to be paired in a group with: _____

Special Accommodations/Allergies/Medical Notes: _____

Make Checks Payable to: *Jump Rope Camp*

Mail To: Justin Pillmore
1005 NE Halifax Place
Bentonville, AR 72712