

# Lincoln High School 2024 Summer Co-Ed Basketball Camp



For ages 5-15, all skill levels welcome

**Session 1: May 28-31**

**Session 2: June 10-14**

**Session 3: June 17-21**

**Contact: Coach Andrew Colville**

**Address: Lincoln High School  
3838 Trojan Way  
Tallahassee, FL 32311**

**Phone: (850) 728-9820**

**Email: [colvillea@leonschools.net](mailto:colvillea@leonschools.net)**

## **Camp Info:**

- Multiple children & week discounts
- Campers must provide their own lunch
- Concessions will be available daily
- No valuables allowed at camp
- Session times 9a-3p M-TH, 9a-12p Fri
- Free supervision 8:00a-9:00a, 3:00p-4:00p
- \$125 Per Session, **Early registration special \$100 if paid by May 15!!**

Camp Director  
Biography: Coach Andrew Colville is the Lincoln High School Boys Basketball Coach. Coach Colville has been a head high school coach for 23 years and has 35 years of basketball coaching experience at the high school and collegiate levels. He has an overall record of 505-175 in 23 years. His teams have won 10 districts, been to 11 "Sweet 16's", and 4 State Final Four appearances, including an undefeated 31-0 State Championship in 2015. April 2023 that team was voted by big bend preps as the greatest team ever in the Big Bend.



Make checks/money orders payable  
To: Leon County Schools  
Bring payment to: Lincoln High School  
c/o Coach Andrew Colville,  
3838 Trojan Trail  
Tallahassee, FL 32311

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## REGISTRATION FORM

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Phone (W): \_\_\_\_\_ Phone (C): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_

### Circle Session(s) Attending:

Session 1: May 28- 31    Session 2: June 10-14    Session 3: June 17-21

### Pick Up & Emergency Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
List any medications, allergies, or limitations requiring special attention: \_\_\_\_\_

### Liability & Photo/Video Release:

I am responsible for my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, Lincoln High School and Leon County Schools will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent Lincoln High School's use of any photographs and/or videos made of this program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_