

CAMP APPLICATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail: _____

Grade: _____ Age: _____ Ht. _____

School: _____

Birthdate: _____

T-Shirt Size (circle one)

Adult: S M L XL

_____ Prospect Camp(\$55)

Checks payable to MVP Hoops, LLC

- ** Walk-ups will be accepted
- ** T-Shirts only to campers registered before July 20
- ** 1 T-Shirt per camper (even if at multiple sessions)
- ** A fee charged if you cancel after July 20
- ** No refunds once camp starts on August 3
- ** \$10 Discount if Attend 2 Clinics

Mail Application To:

University of Mount Union Women's Basketball
1972 Clark Ave. Alliance, OH 44601

For further information:Phone:

(330) 823-4678

Email: venetsm@mountunion.edu

University of MOUNT UNION

Women's Basketball
1972 Clark Ave.
Alliance, OH 44601

2025 Women's Basketball Prospect Camp



**Prospect Camp
Girls Entering Grades 10-12
Aug 3: 12:00-4:15 pm**

CAMP DIRECTOR

Prospect Camp August 3 (12:00-4:15 pm)

The goal of this camp is to provide each participant who is interested in playing college basketball with a realistic experience of what it means to be a student-athlete at the collegiate level. Through a variety of activities - including practice simulations, a recruiting seminar, student athlete Q&A session, and a campus tour featuring our top-tier athletic facilities – high school athletes will gain valuable insights into the demands and expectations of college athletics.

Participants will have the opportunity to learn directly from a program and athletic department with a strong tradition of national success. Each participant will receive individual attention and feedback as well as a University of Mount Union Basketball T-Shirt.

Check in: 11:30-12
Check out: 4:15 pm
Fee: \$55

Schedule:

12:00 pm: Introduction of Mount Union Women's Basketball Program...tradition, values and standards

12:30 pm: On Court Session

2:45 pm: Q&A with Student Athletes

3:15 pm: Campus Tour

4:00 pm: Recruiting/Admissions Session



Suzy Venet just finished her 20th season as head women's basketball coach at Mount Union and coaches with the same drive, desire and dedication she showed as a two-time Ohio Athletic Conference Player of the Year and All-American for the Purple Raiders.

Her teams have won four OAC Tournament titles, two OAC regular season titles with four trips to the NCAA Tournament including making it to the Sweet 16 in 2010 and 2012. Venet was named the OAC Coach of the Year in 2011 and 2012 and Great Lakes Region Coach of the Year by both the WBCA and D3Hoops.com in 2010 and 2012. Mount Union has won at least 20 games in five of the last eight seasons highlighted by a 2011-12 team that went 28-2, won a school-record 23 straight games, OAC regular season and tournament titles, advanced to the Sweet 16 of the NCAA and a No. 6 national ranking.

Before returning to Alliance, Venet spent a season as head coach at Manchester (Ind.) College, where she guided the Spartans to a seven-win improvement from the year prior to her arrival. Venet also spent time as an assistant coach at Bowling Green State University and Minnesota State University in Mankato, Minn.

Venet, who graduated from Mount Union in 1998 with degrees in sports medicine and physical education, also serves as senior women's administrator and resides in Alliance with her husband Bruce, daughter, Bailee and son Marty.

ONLINE REGISTRATION AVAILABLE
<http://athletics.mountunion.edu/camps/camps-list>

MEDICAL RELEASE/WAIVER

I certify that my child has permission to participate in the camp at University Mount Union. He has been examined by a doctor in the last year and has been cleared to play the sport. I have health insurance. In the event of an injury, I wish to be contacted before treatment. If I cannot be contacted and my child requires emergency treatment, I authorize University of Mount Union, the camp directors, or their agents to obtain reasonable emergency treatment. I absolve University of Mount Union, the camp directors, and their agents of any liability or judgments that are a result of my child's misconduct or negligence. I have read and understand this waiver.

Parent/Guardian: _____

Signature: _____

Date: _____

Day Phone: _____

Home Phone: _____

Cell Phone: _____

Insurance Co.: _____

Policy Number: _____

Secondary Emergency: _____

Contact Name: _____

Secondary Emergency: _____

Contact Phone: _____

Please advise of special health conditions
(attach separate sheet)