

SOUTH GIBSON SCHOOL CORPORATION
OVERNIGHT TRIP APPLICATION FORM

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Approximate or range of cost to the student \$ _____

Approximate or range of cost to the chaperone \$ _____

- A-16. ATTACH AND SUBMIT** A complete itinerary shall be attached to this form listing all events and times along with hotel names and methods of supervision. Be as complete as possible.
- A-17. ATTACH AND SUBMIT** The transportation company phone number, fax number, a copy of their liability insurance certificate (limits of liability), and any other pertinent information related to the experience and integrity of this company.
- A-18. AT DEPARTURE, SUBMIT AN ACCURATE LIST OF ALL STUDENTS AND CHAPERONES ALONG WITH MAJOR CHANGES TO THE ITINERARY TO THE AFFECTED PRINCIPAL.** Break down the list of chaperones into teachers, parents, college students, and other helpers. **The principal will fax to the Central Office the exact list of the group departing along with the updated itinerary.**
- A-19. REMINDER:** It is mandatory to fill out and return page number #4 of this form to the affected principal within one week upon returning unless extra time is needed and granted by the affected principal.
- A-20 NOTICE:** If dates or places should change after this trip is approved, this entire form must be resubmitted with changes for approval by the board.

GROUP(S) ATTENDING _____ **SPONSOR** _____

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B. PRINCIPAL SECTION:

B-1. Date form received: 5 9 25

B-2. Have all affected teachers of participating students been notified and student requirements for makeup work been approved. Yes ☐ No ☐

B-3. In comments section record any previous trip concerns with an affected individual, group, or sponsor.

B-4. Are substitute teachers available for affected classes? Yes ☐ No ☐.
If Yes, fill in the necessary information.

Sub name and class: _____

Sub name and class: _____

Sub name and class: _____

Sub name and class: _____

B-5.  5/9/25
Approved by: Name and Date Denied by: Name and date

B-6. Comments:

C. SUPERINTENDENT SECTION:

C-1. Date form received: _____

C-2. _____
Approved by: Name and Date Denied by: Name and Date

C-3. Comments:

PURDUE BASKETBALL

MATT PAINTER
L. Dick Buell Men's Basketball
Head Coach

THE LEADER IN BIG TEN CHAMPIONSHIPS

February 10, 2025

Dear Coach:

It's that time of year. Postseason is around the corner. For some of us, you look around and wonder how the season went by so fast. On behalf of Purdue Basketball, I want to take a minute to wish you and your team the best of luck in the upcoming sectional.

As you probably know, Brandon Brantley (Andrean), Terry Johnson (Anderson), Elliot Bloom (Mt. Vernon), PJ Thompson (Brebeuf), Sasha Stefanovic (Crown Point), Nick Terruso (Plymouth), Carson Barrett (Lafayette Central Catholic) and Isaiah Thompson (Zionsville) were all a part of Indiana High School Basketball. We all have a tremendous amount of pride for basketball in our home state.

As seasons conclude, I know many of us begin looking to next year and analyzing our rosters. I also know that we begin looking ahead to the summer and making plans and schedules. Once again, we are hosting one-day shootouts this coming June. These are always great days to get teams and coaches in our facilities to connect and get a look at some of the talent throughout the state.

This June, we will have one small school and three large school dates. We anticipate these filling up quickly.

If you are interested in signing your school up for one of the shootouts or would like more information, please contact Elliot Bloom, our director of basketball administration and operations. His information is listed below.

Again, best of luck in the sectional and beyond.

Sincerely,



Matt Painter, Head Coach
Purdue University

2025 Purdue Basketball Summer Team Camps

- Small School – Wednesday, June 4
- ✕ Large School – Thursday, June 5
- Large School – Friday, June 6
- Large School – Friday, June 13

Elliot Bloom
Director of Basketball Operations
765-494-6693
ebloom@purdue.edu



TEAM CAMP



EIU
BASKETBALL

MEN'S BASKETBALL TEAM CAMPS FRIDAY-SATURDAY, JUNE 6-7 & JUNE 23-24 OPEN TO ANY AND ALL ENTRANTS

(limited only by number, age, grade level and/or gender)

The EIU Team Camps are a great opportunity for high school teams to improve. Teams will be matched versus schools of similar size and talent in games. There will be a varsity and JV division depending on number of entries.

Teams register as a group from one school and are guaranteed three games for one day and five games for two days. Games will be played in Groniger Arena and the EIU Student Recreation Center - both facilities are air-conditioned. Charleston/Mattoon officials association will be hosting a clinic that will cover all games.

Interested coaches please contact Bob Lockart before registering at 217-246-2453 or email at rmlockart@eiu.edu.

Hours: Friday, June 6th & 23rd, afternoon & evening and Saturday, June 7th & 24th morning & afternoon

HIGH SCHOOL TEAM CAMP REGISTRATION: Registration will be one hour prior to your first game in Groniger Arena. Team camp schedule will be emailed approximately one week before the start of games.

CAMP COSTS: \$400 per team (\$250 for one day)

Registration deadline is May 24th with \$100 deposit to secure your team entry.

Balance is due at registration. Camp registration deposits are non-refundable.

Fees include a camp t-shirt, polo for head coach, and use of University facilities.

Lodging is not provided. Contact Bob Lockart at rmlockart@eiu.edu if you need hotel information.

2025 Men's Basketball Team Camp Registration Form

As a parent (or guardian), I hereby give my permission for my child to participate in the Panther Camp and acknowledge the fact that he/she is physically able to participate in clinic activities. I further acknowledge I will be responsible for any sickness, and I understand that Eastern's clinic insurance may not totally pay all medical expenses of an accidental injury incurred during the camp, depending upon family coverage.

PARTICIPANT'S NAME: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

HOME PHONE: (_____) _____

SCHOOL ATTENDING: _____ GRADE IN FALL, 2025: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE _____

EMAIL: _____

PLEASE RETURN THIS REGISTRATION FORM TO:

2025 MEN'S BASKETBALL TEAM CAMP

600 LINCOLN AVE., CHARLESTON, IL 61920

ATTENTION: BOB LOCKART OR REGISTER ONLINE AT WWW.EIUPANTHERS.COM

HEALTH & CONSENT FORM

This medical treatment and billing authorization form MUST be completed and SIGNED by the parent to enable the camper to participate.

Camp Attending _____ Camp Code: MBB761

Camper Name _____ Age _____ Gender _____

Address _____

City / State / Zip _____

EMERGENCY CONTACT INFORMATION

Parent / Guardian _____ Relationship _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

HEALTH INFORMATION

Does camper have a history of:

_____ Convulsions _____ Heart Defect/Murmur _____ Asthma _____ Chicken Pox

_____ Diabetes _____ Bleeding Disorder _____ Surgery (past 2 years) _____ Mumps

Brief description of items checked _____

Medications: Type, dosage and frequency (list) _____

Allergies: (medications, foods, stings, other) _____

INSURANCE INFORMATION

EASTERN ILLINOIS UNIVERSITY REQUIRES that all sports campers carry health insurance coverage. The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries incurred during the sports camps. **If you do not possess health coverage, a temporary policy covering sports camps must be purchased (through your insurance agent) to cover the camper for the duration of the sports camp.** The name of health insurance carrier and policy number must be written below in order to attend an EIU sports camp.

Insurance Carrier Name _____

Carrier Address/Phone _____

Policy / Group Number _____

AUTHORIZATION FOR TREATMENT: I do hereby authorize Eastern's athletic training staff to provide first aid, follow-up care and/or referral to Eastern's Health Service Staff, local physician or local hospital for emergency care. Furthermore, I hereby authorize EIU Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while attending camp at Eastern Illinois University.

Signature of Parent / Guardian (required for participation) _____ Date _____

Athletes must come to the Panther Camps physically sound. No preventative taping will be administered for injuries received prior to camp.

HEALTH and INSURANCE: Each applicant must have a Health Consent Form signed by a parent/guardian, stating camper is in good health and who to contact in case of an emergency. Form (above) is also available online at www.EIUPanthers.com. This form must be completely filled out, signed and returned to us, along with registration.

HEAD COACHES: Please turn in all Health and Insurance forms at one time when you arrive for team registration.



[HOME](#)

[2025 BOYS SHOWCASE INFO](#)

[2025 GIRLS SHOWCASE INFO](#)

[CONTACT](#)

[RESULTS](#)

20TH ANNUAL IBCA/IHSAA TEAM SHOWCASE IN MEMORY OF CHARLIE HUGHES

JUNE 20-22, 2025

2025 IBCA/IHSAA BOYS TEAM SHOWCASE IN MEMORY OF CHARLIE HUGHES
AN NFHS/IHSAA SCHOLASTIC EVENT
JUNE 20-22, 2025

TEAM FEE:

OPTION 1 - TWO DAYS - \$350

OPTION 2 - ONE DAY \$210

HOSTED AT: CARMEL HIGH SCHOOL AND WESTFIELD HIGH SCHOOL
VARSITY ONLY - 4A, 3A, 2A, 1A
FOUR GAME - 8:00 QUARTERS - NO RUNNING CLOCK
COLLEGE COACHES IN ATTENDANCE - NCAA DIV 1, 2, 3 AND NAIA AND NJCAA

ONLINE REGISTRATION
PAYMENT BY CHECK OR CREDIT CARD
INVOICES AND W-9 FORMS AVAILABLE UPON REQUEST

ROSTERS WITH ACCURATE PLAYER JERSEY NUMBERS WILL BE REQUIRED FOR PROGRAM
PROVIDED TO COLLEGE
COACHES IN ATTENDANCE

ALL CHECKS ARE PAYABLE TO:
C/O CHARLIE HUGHES BASKETBALL

MAIL TO:
CRAIG LYON
C/O CHARLIE HUGHES BASKETBALL
PO BOX 3212
CARMEL, IN 46082-3212

HOST SITES: CARMEL HS & WESTFIELD HS

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