

**2026 Bob Hoffman Basketball
Team Camp Coach's Packet of Information
June 22-24, 2026
(Monday - Wednesday)**

Camp Goal:

Bob Hoffman Basketball Team Camp at University of Central Oklahoma wishes to provide an opportunity for your team(s) to compete against quality players and coaches in order to improve your program. It is a great time for your team(s) to improve their chemistry, as well.

Dates and Times:

We have one, Team Camp option this year; June 22-24th (Monday – Wednesday). All dates will have games starting at 8:00 or 9:00 AM, continuing through the evening hours till such time as all games have been played.

Participants:

High schools (Varsity, Junior Varsity, and Freshman teams) of all classifications will be here. We serve schools of all sizes from around the state of Oklahoma and beyond. Our camps have entertained teams from other states in the past. Everyone has an opportunity to play varied levels of competition.

Athletic Trainers:

An athletic trainer will be on hand to handle any injuries or medical issues that may arise.

Facilities:

We have full-size, air-conditioned courts available for use that are located on UCO's campus and within easy walking distance. Any gyms used off our campus will be in close proximity to the campus. Directions to each will be supplied.

Transportation:

All UCO facilities are within walking distance. Once on campus, there will be no need for bus travel to get from one gym to another, unless playing at a nearby location. In that case, directions will be provided.

Food and Lodging:

Campus lodging is not available. For teams desiring to come from a distance that prohibits commuting, there are many reasonable hotels and eating establishments in the Edmond and Northwest Oklahoma City area.

Games, Officials, and Rules:

Unless a coach requests otherwise, each team is guaranteed 3 games on the 1st day, 3 games on the 2nd day, and 2 games on the 3rd day of camp (more possible, if winning in tournament play). A huge feature of our camp is the fact that we attempt to use OSSAA officials to officiate almost all games. All games follow OSSAA Game Rules, with minor exceptions. We try to make the games as much like regular season games as possible.

Scheduling:

Scheduling for camp will not start until the week prior to each camp's start date. This is necessary because there are always last minute, participation changes. If you have any special scheduling requests, contact our Camp Director, Matt Mossman (405-831-2873).

Pricing:

There are different options for your 2025 participation. All teams pay a \$100 non-refundable deposit (NRD) to secure a place in Team Camp. The deposit is deducted from the total cost of Team Camp. The remainder of the entrance fee is due at check-in. Options are listed below. A "team" consists of not more than 10 (ten) players.

Option 1:

3-day

Cost

- *\$500
- *\$450 for each additional team
- *Additional \$20 per extra player

Details

8-game guarantee and t-shirts for up to **10** participants
\$20 each for extras

Option 2:

Single Days

- *1 Day: \$190 per team
- *2 Days: \$365 per team
- *Additional \$20 per extra player

3-game guarantee first 2 days, regular tournament on 3rd and t-shirts for teams participating 2 days for up to **10** participants per team. \$20 each for extras

*Spectator cost for Team Camp is \$10 per person/per day. Students are \$5.

Other Notes:

- ✓ We attempt to make the Team Camp games as much like regular season games as possible (8-minute quarters) so you can work on end-of-quarter and end-of-game situations, as well as other important aspects of the game.
- ✓ Please have an appropriate numbered jerseys for your players to wear for games. Consider that you could have more than one team playing at the same time.
- ✓ The submission of your deposit secures a spot for your team(s) in Team Camp. Balance owed is due by arrival.
- ✓ **Coaches must turn in a completed (and signed by you) 2026 UCO Facilities Usage/Bob Hoffman Basketball Camp Release and Waiver of Liability at check-in for each and every participant, even managers. Download and print from BobHoffmanHoops.com. These should be completed before leaving home, because they must be signed by a parent or legal guardian.**
- ✓ For preparation purposes, we need to know ASAP if you plan to attend Team Camp. Send your deposit to the address below to hold your spot.
- ✓ We ask that players not bring any valuables with them to camp. Bob Hoffman nor The University of Central Oklahoma will be responsible for lost or stolen items!
- ✓ Please note that teams with more than 10 players will pay an additional \$20 per extra participant to participate in Team Camp.
- ✓ **At times teams have fundraising events to fund Team Camp entrance fees. For others, parents are responsible for helping fund costs. Bob Hoffman Basketball prefers not to accept personal individuals' checks as Team Camp payment. Please consider having parents or contributors write checks to your school/booster club, and have your school/booster club then cut the deposit and entrance fee checks to "Bob Hoffman Basketball."**

2026 Bob Hoffman Basketball Team Camp Registration Form

(Send in with deposit)

School Information:

School: _____ School colors: _____

School Address: _____

City: _____ State: _____ Zip: _____

Head Coach's Name: _____

Cell Phone: _____ School Phone: _____ Home Phone: _____

Coach's School Email Address: _____

Coach's Alternative Email: _____

Teams you will have attending (check all that apply):

One Varsity _____ One JV _____ One Freshman _____
Two Varsity _____ Two JV _____ Two Freshman _____

Pricing Option (Check One):

Option 1 _____

3-Days

*\$100 NRD deposit to hold spot

Cost:

*\$500 for 1 team

*\$950 for 2 teams

*\$1400 for 3 teams

*\$1850 for 4 teams

Deposits are applied to cost.

Option 2 _____

Single Days

*\$100 NRD deposit to hold spot

Cost:

*1-Day: \$190 per team

*2-Day: \$365 per team

Deposits are applied to cost.

I, _____, the coach of _____, understand that a UCO Facilities Usage/BHB Team Camp Release and Waiver of Liability Form must be filled out and signed by a parent/legal guardian for each of my participating students (including managers) before leaving home. I will sign and collect these and understand that they must be turned in during check-in at Team Camp.

Signature: _____

Date: _____

Please make checks payable to: "Bob Hoffman Basketball"

Send this form, along with the deposit to:

Bob Hoffman Basketball Camp

UCO Office of Men's Basketball

100 N. University Drive - Edmond, OK 73034

Contact Information:

Bob Hoffman (478-954-9186)

Camp Director: Matt Mossman (405-831-2873 or MMossman@uco.edu)

**2026 Bob Hoffman Basketball Team Camp
Coach's Tabulation Sheet
June 22-24, 2026**

School: _____

Head coach's name: _____

Best phone number to be reached at: _____

Email most often checked: _____

Tabulation for full 3-Days Participation

Number of teams (1/\$500, 2/\$950, 3/\$1400, 4/\$1850)	\$	_____
Subtract \$100 if deposit is already paid	-\$	_____
\$20 each for players over 10 in number per team	+\$	_____
Final cost for your school	\$	_____

Tabulation for 2-D Participation

Number of teams participating _____ X \$365	\$	_____
Subtract \$100 if deposit is already paid	-\$	_____
\$20 each for players over 10 in number per team	+\$	_____
Final cost for your school	\$	_____

Tabulation for Single-Day Participation

Number of teams participating Monday _____ X \$190	\$	_____
Number of teams Tuesday _____ X \$190	\$	_____
Number of teams Wednesday _____ X \$190	\$	_____
Subtract \$100 if deposit is already paid.....	-\$	_____
\$20 each for players over 10 in number per team	+\$	_____
Final cost for your school	\$	_____

Make checks payable to "Bob Hoffman Basketball" and mail to:
Bob Hoffman Basketball Camp
UCO Office of Men's Basketball
100 N. University Drive
Edmond, OK 73034

To be printed and filled out by a parent for every participant/manager attending Team Camp.

2026 UCO FACILITIES USAGE/BOB HOFFMAN BASKETBALL TEAM CAMP

RELEASE AND WAIVER OF LIABILITY FORM

Camper Name _____ Age _____ DOB ____/____/____
Street Address _____ City _____
State _____ ZIP _____ School _____ Grade _____
Parent/Guardian Name _____ Parent's Phone _____
Alternative Phone Number _____ Email Address _____
Emergency Contact _____ Relation to Camper _____
Phone () _____ Secondary Contact _____ Phone () _____
Medical Insurance Carrier _____ Policy Number _____
Insured/Holder Name _____ Group Number _____
Primary Physician's Name _____ Phone () _____

On next 4, please use back of paper if more room is necessary.

Physical Limitations (asthma, diabetes, etc.) _____

Allergies (food/medicine) _____

List all medications taken on a daily basis _____

Additional information (surgeries/serious injuries in last 5 years) _____

I, _____ (printed name of "Camper"), know that participation in sports may result in illness (example: Covid-19), injury or death, and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, and agree to hold harmless Bob Hoffman, University of Central Oklahoma, other facilities, administrators, employees, coaches, students, staff, organizers, supervisors, volunteers, sponsors, participants and persons transporting Camper to and from activities from any claim arising out of any illness or injury to myself or my child, whether the result of negligence or for any other cause.

I, _____, the parent(s)/guardian(s) of the above-named minor camper, do hereby:

- ✓ give my (our) approval for Camper to participate in activities utilizing University of Central Oklahoma facilities or other athletic facilities. I (We) have read the paragraph above and agree to hold harmless Bob Hoffman Basketball Camp, UCO, its administrators, employees, coaches, students, staff, the organizers, supervisors, volunteers, sponsors, participants, and persons transporting my (our) Camper to and from locations, harmless from any claim arising out of any illness or injury to my (our) Camper, whether the result of negligence or for any other cause.
- ✓ authorize any medical or surgical treatment which may be necessary in an injury emergency, and in my absence, for the well-being of the above mentioned minor. I agree to hold Bob Hoffman Basketball Camp and University of Central Oklahoma harmless.
- ✓ understand that accident/medical insurance coverage is NOT provided by Bob Hoffman Basketball Camp or UCO. If injured while at UCO, on campus or in the facilities, I (we) understand that I (we) are responsible for any/all medical expenses and/or insurance coverages.
- ✓ understand that property damage/general liability insurance are NOT provided by Bob Hoffman Basketball Camp or UCO. I (We) understand Bob Hoffman nor UCO are responsible for property damage resulting from the use of UCO facilities or athletic facilities. I (We) will be responsible for the cost of any property damage caused by my (our) Camper.

Printed name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

Mandatory Printed Name of Coach _____ Mandatory Signature of Coach _____ Date _____

Spectator cost for Team Camp is \$10 per person/per day.
Students are \$5.

2026 Bob Hoffman Basketball Team Camp @ UCO

Team Roster

(Please bring 2 copies of each team's roster)

School:_____ Head Coach:_____ Phone:()_____

*A team must consist of not more than 10 players and must participate 2 or more days of camp to receive t-shirts.

Check one: V____ JV____ 9th grade____ team

Check one: 1-day____ 2-day____ 3-day____ participation

Players' Names	Grade	T-shirt Size (2 & 3-day participation only)	Office use only
Head coach's name:	X		
Asst coach's name:	X		

Contact information: Matt Mossman, Camp Director (405-831-2873)

Extra Players' Names and t-shirt sizes (\$20 each extra cost):

1. 4.

2. 5.

3.