

# 2017 GUSTIE FOOTBALL CAMPS

**7ON7 PASSING TOURNAMENT: JUNE 21, 2017**

**HIGH SCHOOL TEAMS**

**\$20 PER CAMPER / \$10 PER COACH**

## COST INCLUDES:

**3 GAMES**

**LUNCH**

## ITINERARY:

**9:30-10:15 - CHECK-IN (STADIUM)**

**10:15 - CAMP MEETING (STADIUM)**

**10:30 - WARM UP / PRACTICE TIME**

**11:00 - GAME #1**

**12:00 - GAME #2**

**1:00 - GAME #3**

**2:00 - AWARDS (STADIUM)**

**2:15 - LUNCH**



**PETER HAUGEN  
HEAD COACH**



**FOR MORE INFORMATION CONTACT:**

**PETER HAUGEN**

**HEAD FOOTBALL COACH**

**PHAUGEN2@GUSTAVUS.EDU**

**507-933-7660**



[HTTPS://GUSTAVUS.EDU/ATHLETICS/FB/](https://gustavus.edu/athletics/fb/) / @GAC\_FOOTBALL / @GUSTAVUSFOOTBALL

**INDIVIDUAL REGISTRATION FORM: MAKE CHECKS PAYABLE TO GUSTIE FOOTBALL CAMPS**

Name \_\_\_\_\_ High School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Grad Year \_\_\_\_\_

**O-Position:** (Circle) QB WR RB FB TE OL      **D-Position:** (Circle) DB LB DL

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

In case of emergency, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injections and anesthesia for my child. I will be financially responsible for all medical claims for my child. A recent physical examination for my child indicates no reason he/she should not participate in activities at the camp.

Parent/Guardian Signature \_\_\_\_\_