

2017 GUSTIE FOOTBALL CAMPS

YOUTH CAMP: JUNE 15-16 & JUNE 22-23

3RD - 8TH GRADE SESSION #1 SESSION #2

\$50 PER CAMPER PER SESSION

WHAT TO BRING:

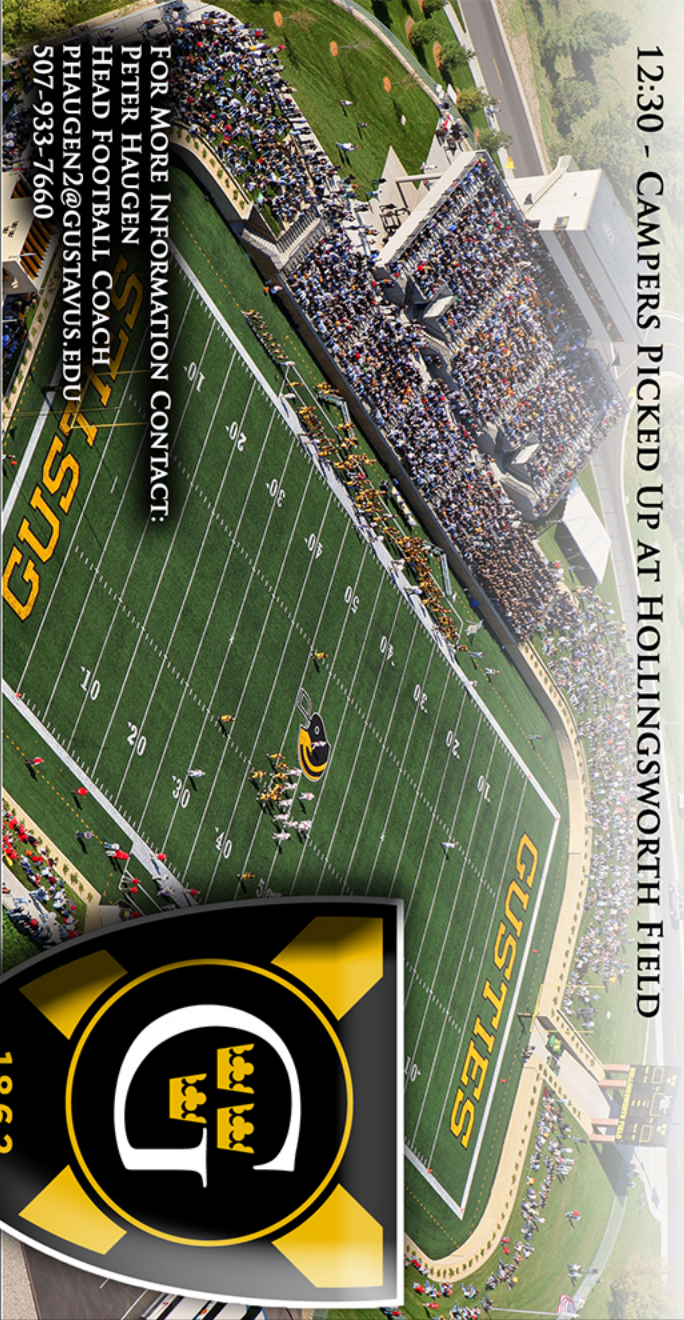
- CLEATS / TENNIS SHOES
- SWIMMING TRUNKS / TOWEL
- SNACK

ITINERARY:

- 8:30 - DROP OFF AT HOLLINGSWORTH FIELD
- 9:00 - SKILLS / DRILLS / FUNDAMENTALS
- 10:15 - SNACK BREAK
- 10:30 - GAMES & SKILL CHALLENGE
- 11:30 - SWIMMING POOL
- 12:30 - CAMPER'S PICKED UP AT HOLLINGSWORTH FIELD



PETER HAUGEN
HEAD COACH

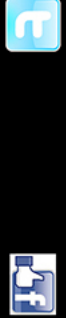


FOR MORE INFORMATION CONTACT:

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HEAD FOOTBALL COACH
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507-933-7660



HTTTPS://GUSTAVUS.EDU/ATHLETICS/FB/ / @GAC_FOOTBALL / @GUSTAVUSFOOTBALL



PLEASE DETACH FROM
AND MAIL ALONG WITH
PAYMENT TO:

PETER HAUGEN
800 WEST COLLEGE AVE
ST. PETER, MN 56082

MAKE CHECKS PAYABLE TO
GUSTIE FOOTBALL CAMPS

Name _____ School _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Grade _____

T-Shirt Size: (Circle) YL S M L XL

Sessions Attending:

Parent/Guardian Name _____

Session #1 (\$50) _____

Parent/Guardian E-mail _____

Session #2 (\$50) _____

Parent/Guardian Cell # _____

Both Sessions (\$100) _____

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 _____