

Lions Wrestling Camp Application – 2008

Please check one of the following:

\$375 ___ Team Camp – June 25-28

\$390 ___ Regular Camp – July 21-24

\$275 ___ Regular Camp (Commuter)
July 21-24

\$275 ___ Youth Day Camp – July 21-24

Please Print

Name: _____ Age: _____ Grade in School 07/08: _____

Address: _____
Street town state zip

Phone: () _____ Cell: () _____

Father's Business PH: () _____ Mother's Business PH: () _____

Height: _____ Weight: _____ Shirt Size: XL L M S

School: _____ Coach: _____

Roommate Preference: _____

Please include a nonrefundable deposit of **\$75.00**. Make checks payable to **LIONS WRESTLING CLINIC** and send to:

LIONS WRESTLING CLINIC, ATHLETIC DEPARTMENT, THE COLLEGE OF NEW JERSEY, PO BOX 7718, EWING, NJ 08628-0718.

I understand that any camper who does not abide by the rules and regulations promulgated by the camp or college is subject to dismissal without reimbursement or recourse.

Signature of Parent/Guardian: _____