

2008 KEVIN DRESSER WRESTLING CAMPS REGISTRATION FORM

FOUR CAMP CHOICES! TWO CAMP LOCATIONS! CHOOSE YOUR CAMP BELOW!

TEAM-COMPETITION CAMP
PLEASE INDICATE WHICH LOCATION YOU WILL BE ATTENDING AND IF YOU WILL BE A RESIDENT CAMPER OR COMMUTER?

DAHLONEGA, GA JUNE 24-27
 North GA College & State U

BLACKSBURG, VA JULY 13-16
 Virginia Tech

Resident
Commuter

Intensive Training-Competition Camp
PLEASE INDICATE WHICH LOCATION YOU WILL BE ATTENDING?

8 DAY CAMP DAHLONEGA, GA JUNE 20-27
 North GA College & State U

11 DAY CAMP BLACKSBURG, VA JULY 6-16
 Virginia Tech

Resident Campers Only!

Skills & Drills
PLEASE INDICATE WHICH LOCATION?

DAHLONEGA, GA
JUNE 20-23
North GA College

BLACKSBURG, VA
JULY 6-10
Virginia Tech

Resident
Commuter

Takedown Machine
 BLACKSBURG, VA
JULY 6-10
Virginia Tech

Resident
Commuter

CAMP	LOCATION	DATES	RESIDENT	COMMUTER
8 DAY TRAINING-COMPETITION	DAHLONEGA, GA	JUNE 20-27	\$575	(RESIDENTS ONLY)
SKILLS & DRILLS	DAHLONEGA, GA	JUNE 20-23	\$325	\$250
TEAM-COMPETITION	DAHLONEGA, GA	JUNE 24-27	\$340	\$265
11 DAY TRAINING-COMPETITION	BLACKSBURG, VA	JULY 6-16	\$695	(RESIDENTS ONLY)
SKILLS & DRILLS	BLACKSBURG, VA	JULY 6-10	\$360	\$285
TAKEDOWN MACHINE	BLACKSBURG, VA	JULY 6-10	\$390	\$315
TEAM-COMPETITION	BLACKSBURG, VA	JULY 13-16	\$365	\$290

Registration Information:

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home Phone: _____
 Cell/Work Phone: _____
 Primary Email: _____
 Parent/Guardian Name: _____
 Parents Email: _____
 Emergency Contact Phone: _____
 Birth Date: _____
 Grade 2008-09: _____
 Weight: _____
 Age: _____
 School: _____
 Coaches Name: _____
 Coaches Email: _____
 Roommate Preference: _____
 Adult T-shirt Size: _____

Medical Insurance:

Camp policy requires all camp participants to provide proof of a medical insurance policy. If you can not provide proof of a current medical insurance policy, you can not attend any Kevin Dresser Wrestling Camps. A certified athletic trainer will be on duty at all times. Because of the rigorous daily schedule, each camper is encouraged to come to camp in top physical condition.

Medical Insurance Co: _____
 Medical Insurance Policy #: _____
 List any Allergies you may have: _____
 List any Medications you are taking: _____

PLEASE ACCOMPANY A COMPLETED CAMP MEDICAL RELEASE WAIVER (AVAILABLE ON THE CAMP WEBSITE) AND COPY OF YOUR MEDICAL INSURANCE CARD WITH THIS CAMP APPLICATION!

Payment Options:

Payable to: Kevin Dresser Camps
 A \$100 non-refundable deposit is required to secure a spot in camp. Full payment may be made at this time but is not required. Registration can also be done electronically at www.kevindresserwrestlingcamps.com.

Payment By:
 Attached Check
 Credit Card (can also be done electronically online)
 Account #: _____
 Expiration Date: _____
 Card Security Code: _____
 Signature on Card: _____

Camp Fee: \$ _____
Optional Laundry Service: \$ _____
Optional Video Review: \$ _____
Total Due: \$ _____
Discount (If Applicable): \$ _____
Deposit Amount Enclosed: \$ _____
Balance Due: \$ _____

Discounts	(March 1, 2008)	(10 or more)	Sibling
Camp	Early Enroll	Group	
4 & 5 Day Camp	\$25	\$20	\$10
8 & 11 Day Camp	\$25	\$30	\$20

Mail To: Kevin Dresser Camps, 212 Cassell Coliseum, Blacksburg, VA 24061