



2018 Weeklong Camp Application

Name _____ T-shirt size _____

School Attended _____

Current Grade in School _____ Age _____ Actual Wt. _____

Record and Accomplishments _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

--Office Use Only--

Date received _____ Check No _____ Amount \$ _____

+++Please indicate all weeks you'd be available to attend camp+++

| | | | | | |
|-------------------|-------------|-------------------|-------------|----------------------|-------------|
| Week 1 June 10-14 | <u>FULL</u> | Week 4 July 8-12 | <u>FULL</u> | Week 7 July 29-Aug 2 | <u>FULL</u> |
| Week 2 June 17-21 | _____ | Week 5 July 15-19 | <u>FULL</u> | Week 8 Aug 5-9 | <u>FULL</u> |
| Week 3 June 24-28 | <u>FULL</u> | Week 6 July 22-26 | <u>FULL</u> | | |

As agreed to in the Emergency Medical Release & Liability Waiver, I understand that David Thorn and all other personnel associated with Thorn Wrestling Camps assume no responsibility for accidents, injuries, medical or dental expenses incurred by my son at camp.

Parent Signature (or legal guardian)

Make check payable to: Thorn Wrestling Camps, LLC

Camp Cost: \$399. Non-refundable deposit of \$200 due with application. Balance due upon arrival. (If not placed at camp, deposit will be refunded. Please give two week notice for any cancellations)

Mail application to: David Thorn, 4041 Jason Ave NE, St. Michael, MN 55376

Contact David at: 763-913-7759 or thorncamps@gmail.com