



2018 Weekly Winter Camp @ STMA MS WEST



Name _____

School Attended _____

Current Grade in School _____ Age _____ Actual Wt. _____

Record and Accomplishments

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____ Email _____

Office Use Only

Date Received _____ *Check No* _____ *Amount* _____

Twelve Practices- \$200

1st - 6th Youth @ 6:30-8:00

- (1) Mon Nov. 19
- (2) Mon Nov. 26
- (3) Mon Dec. 3
- (4) Mon Dec. 10

- (5) Mon Dec. 17
- (6) Mon Jan. 7
- (7) Mon Jan. 14
- (8) Wed Jan. 30

- (9) Mon Feb. 3
- (10) Mon Feb. 11
- (11) Mon Feb. 18
- (12) Mon Feb. 25

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 child at camp.

Parent Signature (or Legal Guardian)

Make Check Payable to: Thorn Wrestling Camps, LLC

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

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

