



2019 WEEKEND CAMP APPLICATION



Name _____ T-Shirt Size _____

School Attended _____

Current Grade in School _____ Age _____ Actual Wt. _____

Record and Accomplishments _____

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____ Email _____

Office Use Only

Date Rec'd _____ Check # _____ Amount \$ _____

Conf Email _____ File # _____ Placement Letter _____

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

WKND 1 JUNE 6-8 _____

WKND 3 AUG 9-11 _____

WKND 2 JUNE 28-30 _____

WKND 4 AUG 15-17 _____

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

Camp Cost: \$199. Non-refundable deposit of \$100 due with application, balance due upon arrival. (If not placed at a 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