



# 2019 WEEKLONG 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+++**

**WEEK 1** JUNE 9-13 \_\_\_\_\_      **WEEK 4** JULY 7-11 \_\_\_\_\_      **WEEK 7** JULY 28-AUG 1 \_\_\_\_\_

**WEEK 2** JUNE 16-20 \_\_\_\_\_      **WEEK 5** JULY 14-18 \_\_\_\_\_      **WEEK 8** AUG 4-8 \_\_\_\_\_

**WEEK 3** JUNE 23-27 \_\_\_\_\_      **WEEK 6** JULY 21-25 \_\_\_\_\_

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

**Camp Cost:** \$399. Non-refundable deposit of \$200 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](mailto:ThornCamps@Gmail.com)