

**2012 FALCON FOOTBALL CAMP
JULY 16-20, 2012**



**JUNIOR CAMP: 8:00-10:00 A.M.(GRADES 2nd THRU 8TH)
VARSITY CAMP: 6:00-8:00 P.M.(GRADES 9TH THRU 12TH)
COST: \$35 PER CAMPER(ADDITIONAL FAMILY MEMBERS TAKE \$10 OFF)
LOCATION: FOOTBALL FIELD
SEND APPLICATION TO: MIKE ALLEN
815 N. CHURCH
GIBSON CITY, IL. 60936**

NAME: _____ **GRADE AS OF 2012-2013:** _____

ADDRESS: _____

CITY: _____ **PHONE NUMBER:** _____

T-SHIRT SIZE(CIRCLE)

CHILD: M L
ADULT: S M L XL XXL XXXL

*****YOU WILL NEED TO PROVIDE PROOF OF MEDICAL INSURANCE OR SIGN A RELEASE WAIVER TO ATTEND CAMP. PLEASE BRING A PHOTO COPY OF YOUR INSURANCE CARD OR A LETTER FROM YOUR INSURANCE CARRIER.**

I DESIRE TO ENROLL IN THE 2012 FALCONS FOOTBALL CAMP TO BE HELD AT GCMS HIGH SCHOOL. I UNDERSTAND THAT NEITHER COMMUNITY UNIT DISTRICT #5, OR THE DIRECTORS WILL ASSUME RESPONSIBILITY FOR ACCIDENTS SUSTAINED AT THE CAMP OR AS A RESULT OF TRAVEL TO AND FROM THE CAMP.

PARENTS SIGNATURE: _____