

2017 Warrior Wrestling Camp



June 24th – 28th (Sat thru Wed)

***100's of bouts to be wrestled!**

***33 DV Wrestlers attended camp in 2016!**

***1 Great week!**

****Incoming 7th grade through our senior class is encouraged to come with the team***

****There are separate Jr High and Sr High Camps during this week***

Team Camp: \$295

(Del Val has a discount from the advertised price for sending so many wrestlers!)

Registration Options:

Option 1: Register at <http://teamlyco.com/forms.html>

You'll need to fill out the Medical Form and Application Form when signing up.

Payments should be mailed to:

Roger W Crebs Warrior Wrestling Camp

Lycoming College

700 College Place Campus Box 143

Williamsport PA 17701

***Please include a non-refundable deposit of \$75 (or pay entire \$295 fee now).**

***Make checks payable to Warrior Wrestling Camp**

Option 2: Fill out application on page 2 and mail with payment to the above address.

***Please email coach Andy Fitz (andyfitz@dvrhs.org) once you have registered.**

REGISTRATION



Name _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Parent's Work or Cell _____
Age _____ Grade in Sept. 2017 _____
Weight _____ School _____
Coach _____ Roomate _____

Resident Camper Commuter Camper

CAMP DATES - Warrior Wrestling Summer Camps 2017

Parent/Child Camp (June 16-18)

Cost: \$280 for both, \$80 per additional child

Team Camp (June 24-28)

Cost: \$310 Resident, \$230 Commuter

Junior High Senior High

Technique Camp (June 24-28)

Cost: \$285 Resident, \$220 Commuter

Please include a non-refundable deposit of \$75.

Checks payable to: Roger W Crebs Warrior Wrestling Camp. Return check fee is \$45.

Credit card payment accepted for online registration only. Payment must be in full.

Check or Cash Payment accepted with the attached registration only. All postal registrations must include \$75 non-refundable deposit. NO REFUNDS

I, the undersigned, individually and as a parent/guardian of _____ (camper) a minor, request that he/she be admitted to participate in the Warrior Wrestling Camps. I do hereby agree to release, discharge, and hold harmless Lycoming College, the Warrior Wrestling Camps, their owners, agents, and employees from all causes, liabilities, damages, or claims in the course of competition and/or activities held in connection with the sports camp.

I understand that a camper who does not abide by the rules and regulations promulgated by the camp or college is subject to discharge without reimbursement or recourse.

Parent/Guardian Signature Required: X _____

Mail application with payment to:
Roger W. Crebs Warrior Wrestling Camp
Lycoming College
700 College Place • Campus Box 143
Williamsport, PA 17701

Office Use Only
Received _____
Check No. _____
Amount _____
Discount _____
Balance _____

We are registering for the team camp (June 25-29). Note that the price for our wrestlers will be \$295 since we have the group rate!