

# 2016 J Robinson Wrestling Camps

## Intensive Camps

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| <p><input type="checkbox"/> <b>10 Day IA Intensive</b><br/>June 9-18 (Forest City, IA)</p> <p><input type="checkbox"/> <b>28 Day MN Intensive</b><br/>July 2 -29 (Minneapolis, MN)</p> | <p><input type="checkbox"/> <b>14 Day PA Intensive</b><br/>June 19-July 2 (Edinboro, PA)</p> <p><input type="checkbox"/> <b>14 Day CA Intensive</b><br/>July 31-Aug 13 (Bakersfield, CA)</p> |
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## 5 Day Technique Wrestling Camps

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| <p><b>Atlanta, GA</b></p> <p><input type="checkbox"/> June 19-23 Tech<br/><input type="checkbox"/> June 24-28 Competition</p> <p style="text-align: center;"><b>Chico, CA</b></p> <p style="text-align: center;"><input type="checkbox"/> July 24-28</p> | <p><b>Dallas, TX</b></p> <p style="text-align: center;"><input type="checkbox"/> June 26-30</p> <p style="text-align: center;"><b>Kirkland, WA</b></p> <p style="text-align: center;"><input type="checkbox"/> July 31-Aug 4</p> | <p><b>MPLS, MN</b></p> <p><input type="checkbox"/> July 10-14 Competition<br/><input type="checkbox"/> July 17-21 Technique</p> |
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\*\*\*Important: Fill in ALL Information Completely\*\*\*

**Coach Name** \_\_\_\_\_ **School Name** (PLEASE PRINT) \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone Number** primary(\_\_\_\_\_) \_\_\_\_\_ secondary(\_\_\_\_\_) \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Dates Attending:** \_\_\_\_\_ **to:** \_\_\_\_\_

**Have you attended past camps?** NO YES: Year \_\_\_\_\_ Camp attended \_\_\_\_\_

### Required

**NAMES of athletes attending from your school** (with 8 Intensive/Competition or Technique registered athletes; coach stays free! Meals included!)

- |          |          |
|----------|----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ |          |
| 5. _____ |          |

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Payment Method:** (Resident Rate: **\$70.00/day**-3 meals/day+lodging) (Commuter Rate: **\$50.00/day**-2 meals/day)  
Payment must be made in full with registration form. (Cancellations refunded within 5 days of camp check in.)

1. Check – Amount \_\_\_\_\_ Check # \_\_\_\_\_ Check Name (PLEASE PRINT) \_\_\_\_\_

2. Credit Card – Amount: \_\_\_\_\_ (PLEASE CIRCLE) VISA / MasterCard / Discover  
Card # 

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 Exp. Date 

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\_\_\_\_\_  
Cardholder Name (PLEASE PRINT)

\_\_\_\_\_  
Cardholder Signature

Thank You. You will receive verification of receipt of your application via email within 10 business days. Mail Form to:  
**J Robinson Wrestling Camps - 2520 East Hennepin Ave - Minneapolis, MN 55413**  
**Online: JRobinsonWrestlingCamps.com - Phone: 888.333.6585 - Fax: 612.349.6584 OL**