

**2017 FALCON FOOTBALL CAMP
JULY 10-14, 2017**



JUNIOR CAMP: 9:00-10:30 A.M.(GRADES 1st 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 2017-2018:** _____

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 2017 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: _____