

EL DORADO HILLS 2011 WRESTLING CAMP

We are proud to invite you to the El Dorado Hills Wrestling Camp!! This is an excellent camp for those wishing to make great advancement in his/her wrestling technique.

We have gathered some of the best wrestling talent from across the state to instruct you throughout the camp. In addition to outstanding clinicians our camp tuition includes a catered lunch each day and a camp Tshirt.

We are confident that you will be more than satisfied with the level of instruction throughout this camp.

DATES, TIME & TUITION:

August 1-5, 2011

Session 1: 9:00am - 11:00
Games: 11:00 - 11:30
Lunch..... 11:30 - 12:15
Session 2: 12:15 - 2:30
Games: 2:30 - 3:00pm

What to bring and wear:

water bottle, shorts, Tshirt, wrestling and running shoes, lunch will be provided but if food allergy please pack own lunch.

Fees:

8-18 year olds: all day 9am - 2:30pm
\$195 (includes lunch & Tshirt)
(add \$25 if after 7/29/11)
Ages 5 -7 year olds: 9am - 12:15pm
\$145 (includes lunch & Tshirt)
(add \$25 if after 7/29/11)

CAMP LOCATION

GOLDEN HILLS SCHOOL
1060 Suncast Lane
El Dorado Hills, CA 95762
2nd Entrance of Bus. Park.

www.goldenhillsschool.net

Directions:

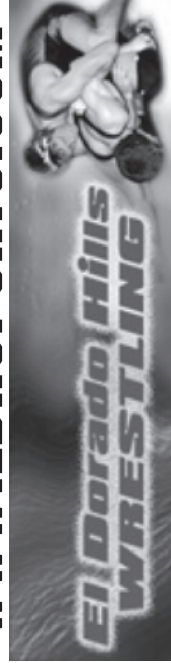
From Hwy 50 Folsom, El Dorado Hills
Take 50 East towards Placerville exit on Latrobe Rd.
Turn Right over on Latrobe
go straight through first three lights
Turn Right at Suncast Lane
2nd Entrance to the Business Park.

From Placerville, Shingle Springs, Cameron Park
Take 50 West get off @ El Dorado Hills Blvd./
Latrobe Road exit.

Turn Left under Freeway
go straight through first three lights
Turn Right at Suncast Lane
2nd Entrance to the Business Park.

Any Questions regarding EDH Wrestling Camp
feel free to email: Benjamin@TheTshirtGuy.com

VISIT US ON-LINE AT: WWW.EDHSPORTS.COM



EDH WRESTLING CAMP REGISTRATION AND RELEASE FORM

Name: _____ Address: _____ City/State/zip: _____ Phone: Home: _____ Cell: _____ Email: _____ School: _____ Grade in Sept. 2011: _____ What Food Allergies? _____

Signature of Parent/Guardian: _____ Date: _____
Medical Insurance Company: _____ Phone: _____
In Case of Emergency and Parent cannot be reached call: _____ Phone: _____
Policy #: _____

SEND FORM AND CHECK MADE OUT TO: EDHWC
AMT. PAID: _____ DATE: _____
TO: 7971 BELHAVEN WAY, EL DORADO HILLS, CA 95762
\$25 late Registration Fee added after July 29th

Authorization & Release Agreement: By signing this agreement I grant permission to the camp coordinators, clinicians or staff to provide medical care as deemed necessary to my child in case of injury or illness. I also release, indemnify and hold harmless all Wrestling Camp and Golden Hills School coaches, camp staff or clinicians from all claims resulting from any injury sustained by my child while traveling to and/or participating in the camp.