

Please fill out this form and either e-mail to Coach McGregor at billmcgregor_dm@hotmail.com or mail to the address below.
Thank you for your interest in my All-Star Football Camp.

ALL-STAR FOOTBALLCAMP
5613 Suffield Court
Columbia, Maryland 21044

301-596-3921
240-764-2252
billmcgregor_dm@hotmail.com

Camper Name _____ Camper Age _____ T-Shirt Size _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Parent Business Phone _____

e-mail Address _____ School _____

Position _____ Height _____ Weight _____

How did you hear about the All-Star Football Camp? _____

Please check session(s) to be attended: **Montgomery County Session (July 20-24)** _____

P.G. County Session (July 27- July 31) _____

A \$100.00 deposit is required for each session. The balance is payable on or before the first day of camp.

Registration for one week is \$200.00. Please see Tuition section of brochure for special discounts.

Please note: Refunds will not be made after June 1, 2009.

Parental Consent: My child is covered by medical insurance and any special medical conditions will be brought to the Camp Director's attention. I give my consent and approval to the All-Star Football Camps, its officers, staff or employees to act on my behalf in case of an emergency.

PARENTS SIGNATURE _____

