



Regional Event

Super Camp

Event Name: _____ Date: _____
(City, State)

Participant Information: (All Fields Required)

First Name: _____ Last Name: _____

Email Address: _____
(Please Print Clearly)

Date of Birth: (mm/dd/yyyy) _____ Male Female

Address: _____

City, State & Zip _____

Home Phone # : _____

Cell Phone # : _____

Graduation Yr.: _____

High School: _____

Height: _____

Weight: _____

Your G.P.A. _____

SAT/ACT Score: _____

Have You Registered With The NCAA Eligibility Center? Yes No

If Yes, What Is Your PIN #: _____

Which Skills Will You Be Performing:
 Field Goals Kick Offs Punts Long Snapping

When Kicking Field Goals Do You:
 Kick Off The Ground Use a 1" Tee Use a 2" Tee

When Kicking Off Do You:
 Use a 1" Tee Use a 2" Tee

Shirt Size: Sm. Md. Lg. XLg XXL.

Shorts Size: Sm. Md. Lg. XLg XXL.

How Did You Hear About Us? _____

Parent / Guardian Information:

Parent # 1 Relationship: _____

Parent # 1 First & Last Name: _____

Parent # 1 Phone # : _____

Parent # 2 Relationship: _____

Parent # 2 First & Last Name: _____

Parent # 2 Phone # : _____

Emergency Contact Information:

Emergency Contact First & Last Name: _____

Emergency Phone # : _____

How Will You Pay Today?	
<i>Please add \$5 for offline registration</i>	
CHECK: \$	_____
CHECK #:	_____
CASH: \$	_____
OTHER:	_____

SEND CHECK & COMPLETED FORM TO:

NATIONAL CAMP SERIES C/O MICHAEL HUSTED 637 N. RIOS AVE. SOLANA BEACH, CA 92075
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