

2009 IOWA HAWKEYE FOOTBALL CAMP

JUNE 14, 15, & 16, 2009

Padded Football Camp (Grades 9 - 12)



SESSION	DAYS	LODGING	MEALS	PRACTICE	PRICE	TOTAL
Padded/Resident	3 (Sun-Tues)	YES	YES	YES	\$295.00	
Padded/Resident	2 (Mon-Tues)	YES	YES	YES	\$225.00	
Padded/Commuter	3 (Sun-Tues)	NO	YES	YES	\$260.00	
Padded/Commuter	2 (Mon-Tues)	NO	YES	YES	\$175.00	
Padded/Commuter	1 (Mon <input type="checkbox"/> or Tues <input type="checkbox"/>)	NO	YES	YES	\$100.00	

Due to limited space:
All applications must be received **no later than June 1, 2009,** to guarantee acceptance into our camp.

Helmet & Pads Rental:

Helmet only \$50.00 _____
 Pads only \$25.00 _____
 Helmet & Pads \$75.00 _____
 Handling Fee \$5.00
 SUBTOTAL: _____
TOTAL:

Please check **ONE POSITION EACH** for offense and defense sessions.

OFFENSE (Check one)

- Quarterback (QB)
- Running Back (RB)
- Receiver (WR)
- Tight End (TE)
- Lineman (OL)

DEFENSE (Check one)

- Linebacker (LB)
- Lineman (DL)
- Back (DB)
- Outside Linebacker (OLB)

Individual Profile

Height (ft., in.) _____ Weight (lbs.) _____ Age (during camp) _____

High School _____ Grade (you are entering, Fall '09) _____

Roommate Preference - (room mate requests received less than 2 weeks before camp start date may not be possible)

The University of Iowa requests information for the purpose of registration in The University of Iowa Sports Camps programs. No persons outside The University are routinely provided this information except for items of directory information such as name and local address. Responses to all items are required. If you fail to provide the required information, the University may not consider your registration.

Applicant Signature

Parent or Guardian Signature

A MEDICAL RELEASE IS MANDATORY:

Everyone must have a medical form signed by a doctor or a copy of your school sports physical performed within one year of your camp date. **NO EXCEPTIONS!!!**

Payment by: (Check one) Attached check: Check# _____ VISA MasterCard

Cardholder's name _____ Cardholder's signature _____

Acct. # _____ Expiration date (mo./yr.) _____ CW. # _____

Please send this application and your **non-refundable/non-transferrable \$75.00 deposit to:**
 The University of Iowa Sports Camps
 203 Field House
 Iowa City, Iowa 52242-1111.

Apply on-line or access additional information at:
www.iowasportscamps.com



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To be completed by parent or guardian. Please type or print in ink only. Be sure to fill in all sections including signatures. This form may be copied for additional applications.

Last name

First name

Home address

City

State

ZIP code

Parent/Guardian's name

Email address

Phone (Emergency)

Phone (Cell)