

Special Teams Camp

REGISTRATION FORM

IOWA
STATE
FOOTBALL

2011 CAMPS

For Office Use only:

Deposit: _____

Insurance: _____

Physical: _____

Rec'd: _____

(Open to all in Grades 7-12)

Date: June 15th

Location: Iowa State Football Facilities (Bergstrom Indoor, JM Practice Fields)

Cost: \$75 (Please see brochure for refund policy. No refunds will be given after June 30th 2011)

Description:

Head Coach Paul Rhoads will be joined by the Cyclone Coaching Staff and selected special teams guest coaches, including Jamie Kohl, (Former Cyclone Kicker & Kicking/Punting Camp Professional). This camp will include a day of learning fundamentals, tape study, and on field competition.

Camper Information:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Parents Cell: (____) _____

Age at camp: _____ Ht: _____ Wt: _____

Grade (Fall of 2011): _____ Year of H.S. Graduation: _____

E-Mail: _____

School: _____ Coach: _____

Adult T-Shirt size: S M L XL XXL

Please list the primary position you play by marking a (!) next to it, Please list the secondary position you play by marking a (2)

Position:

Kicker

Punter

Snapper



Mail To: Iowa State Football Camps
Iowa State University
Jacobson Athletic Building
Ames, Iowa 50011
Phone: 515-294-6721
Fax: 515-294-8741

Payment by Check: Make checks payable to "Iowa State Football Camps"

Payment by Credit Card: Visa MasterCard *There is a \$5 processing fee for all credit card transactions

Card #: _____ Exp. Date: _____ 3 Digit Code: _____

Signature: _____ Print Name: _____

Register on-line at: lowastatefootballcamps.com