

Fall Clinic Application

Name: _____

Age: _____ Weight: _____ Grade in Fall: _____

School: _____ Record & Accomp: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email _____

Please mark the weekends that you are available to attend with a “yes”, and place a “no” beside the weekends that you are not available to attend. This helps in getting wrestlers of similar ages and weight placed together. Please try to mark 3 or 4 weekends available to attend, if possible. Selections will be made early September, and confirmations will then be mailed.

Weekend #1 Oct. 17-19	_____	Weekend #4 Nov. 7-9	_____
Weekend #2 Oct. 24-26	_____	Weekend #5 Nov. 14-16	_____
Weekend #3 Oct. 31-Nov 2	_____		_____

**Check-in: Friday evening 6:30p.m. (First Session 7:00 p.m.)

**Check-out: Sunday 11:00 a.m. (Parents are encouraged to attend and film the last work out session on Sunday at 10:00a.m.)

Cost: \$195.00 Make checks payable to:

Jeff Jordan’s State Champ Camp

Deposit: \$100.00 (Balance of \$95.00 due upon arrival)

Mail to:

Jeff Jordan

1634 Neff Road

Urbana, OH 43078

(937) 788-2161

www.jordantrained.com