

# Team Jordan Elite Club Application

Name \_\_\_\_\_

School Attending \_\_\_\_\_

Grade in School \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Record of Accomplishments \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_(\_\_\_\_) \_\_\_\_\_ Payment #1 \_\_\_\_\_

Home Phone: \_(\_\_\_\_) \_\_\_\_\_

Application Deadline: November 5th, 2009

**Mail To:**

Jeff Jordan's State Champ Camp, LLC

1954 Neff Road, Urbana, OH 43078

Coach Jeff Jordan: 937-788-2161