

PLEASE MAIL CAMP REGISTRATION AND PAYMENT TO:

**R.E.P.S. FOOTBALL INC.**

P.O. BOX 479  
PORTAGE, IN 46368

**CAMP ATTENDING (CIRCLE ONLY ONE)**

REPS SKILL CAMP                      REPS INTERIOR CAMP                      REPS COMBO CAMP SKILL & INTERIOR

**POSITION (CIRCLE ONLY ONE)**

SKILL CAMP                      WR      DB      QB  
INTERIOR CAMP                      OL      DL      TE      LB      RB

**PLEASE PRINT:**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE IN FALL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ALT. PHONE (CELL) \_\_\_\_\_

**ADULT T-SHIRT SIZE (CIRCLE)**                      MED    LRG    XL    XXL    3XL

The Skill Camp will cost \$100 per player. (\$120 for walk-up or late)

The Interior Camp will cost \$100 per player. (\$120 for walk-up or late)

Combo Package (Skill & Interior) will cost \$150. (\$170 for walk-up or late)

ALL REGISTRATIONS AFTER MARCHY 31, 2010 WILL BE CONSIDERED WALK-UP/LATE. FEE WILL BE ASSESSED.

Total Amount Enclosed: \_\_\_\_\_

(Make Checks Payable to REPS Football INC.)

.....  
Release:

My son has permission to attend a REPS Football Inc. camp. I have no knowledge of any impairment that would affect or be affected by my son's participation in these football camps. I specifically waive and released REPS Football Inc, the hose school corporation and host schools for any damages or expenses, which might occur as a result of their participation in and travel to and from the camps.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Camper

\_\_\_\_\_  
Emergency Phone#