2012 Summer Camp Application
(Please print)

Athlete’s Name ____________________________

Parent/Guardian Name _______________________

Home Phone ____________________________ Cell Phone ____________________________

Address _____________________________________________

City ____________________________ State ____________________________ Zip ____________________________

Date of Birth __________ Gender __________ Most recent grade completed __________

Disability and level of injury (no abbreviations please) ____________________________

Email address ____________________________

T-shirt size (Adult sizes): S M L XL XXL ____________________________

Please check the camp (s) you wish to attend:

__ Elite Camp (by invite only) June 27-July 2 $500

__ Coaches Clinic I (advanced) June 27-July 2 $350

__ Individual Camp July 5-9 $385

__ Coaches Clinic II (intermediate) July 5-9 $350

Deadline to register is Thursday, May 31, 2012

I have read and hereby accept the conditions described in this brochure. I also understand Illinois Summer Camps retains the rights to use photographs of athletes taken at camp for publicity and advertising purposes.

Signature of Athlete ____________________________ If under 18, signature of parent/guardian ____________________________

Make check payable to: University of Illinois
For more information please phone: 217-333-4606
Email: sportscamp@illinois.edu

Mail to:
University of Illinois
Summer Camp
1207 South Oak St.
Champaign, IL 61820