

TEAM CAMP COACH'S FORM

School Name _____ Cell Phone _____
Coach's Name _____
Home Phone _____ School Phone _____
Home Address _____ School Address _____

Email Address _____

Check Camp To Be Attended

_____ July 5-7 _____ July 12-14 _____ July 21-24

of Players Attending _____
of Teams Varsity _____ Junior Varsity _____ Freshman _____
Team Record in 2018 – 2019 _____
of returning letterman who will attend camp _____ School Size AAAA, AAA, AA, A
Gr. 4, Gr. 3, Gr. 2, Gr. 1

Please choose the league you want to participate in:

Varsity Most Competitive _____ Least Competitive _____

Other Coach's Attending with team: Head Coach _____
Asst. Coach _____
Asst. Coach _____

***One coach per team unless approved by Frank Marcinek**

ROOM ASSIGNMENTS

2/Room Unless Approved by Frank Marcinek

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |
| 17. _____ | 18. _____ |
| 19. _____ | 20. _____ |
| 21. _____ | 22. _____ |
| 23. _____ | 24. _____ |

Please fill out the form completely and return it by June 25th, 2019 for Weekend I; July 1 for Weekend II and July 8 for July 21-24.

Email marcinek@susqu.edu and herold@susqu.edu