



SARBACKER

WRESTLING ACADEMY

2020 WEEKLONG CAMP APPLICATION

Name _____ T-Shirt Size _____

School Attended _____

Current Grade in School _____ Age _____ Actual Wt. _____

Record and Accomplishments _____

Address _____

City _____ State _____ Zip _____

Cell Phone (_____) _____ Email _____

Office Use Only

Date Rec'd _____

Check # _____

Amount \$ _____

Conf Email _____

File # _____

Placement Letter _____

+++ Please indicate all weekends you'd be available to attend camp+++

WEEK 1 JUNE 9-13 _____

WEEK 4 JULY 7-11 _____

WEEK 7 JULY 28-AUG 1 _____

WEEK 2 JUNE 16-20 _____

WEEK 5 JULY 14-18 _____

WEEK 8 AUG 4-8 _____

WEEK 3 JUNE 23-27 _____

WEEK 6 JULY 21-25 _____

As agreed to in the Emergency Medical Release & Liability Waiver, I understand that SWA Wrestling and all other personnel associated with SWA Wrestling Camps assume no responsibility for accidents, injuries, medical or dental expenses incurred by my child at camp.

Parent Signature (or Legal Guardian)

Make Check Payable to: Sarbacker Wrestling Academy

Camp Cost: \$399. Non-refundable deposit of \$200 due with application, balance due upon arrival. (If not placed at a camp, deposit will be refunded. Please give two week notice for any cancellations)

Mail Application to: 6007 County Rd PP, Avoca WI 53506

Contact Cade at: (608) 574-5431