

# Camp of Champs®

## WRESTLING CHRISTMAS DISCOUNT FOR SUMMER 2011

### WHY REGISTER NOW?

- **Save \$50 On Your Deposit!**  
Register for \$50 - get credit for \$100!
- **SAVE Your Spot Early!**

Enquire about All Skills Camps  
in Volleyball, Football & Soccer



**Deadline for Christmas discount is January 15, 2011!**

For More Information Contact:

**CAMP OF CHAMPS®**

**1-800-505-5099**

info@campofchamps.org  
www.campofchamps.org



Camp of Champ® is committed to providing quality instruction from Olympic, World, National and State Champions including John & Ben Peterson, Dan Gable, Mike Houck, Kevin Black, Jim Gruenwald and more.

## 2011 CAMP OPTIONS

**Champion Camps: \$750 (grades 11&12) Our Toughest!**

June 19-25    7 days    Juneau, WI    \_\_\_\_\_  
July 10-16    7 days    Juneau, WI    \_\_\_\_\_

**Personal Technique: \$550 (grades 9-12)**

June 26-30    5 days    Juneau, WI    \_\_\_\_\_  
July 17-21    5 days    Juneau, WI    \_\_\_\_\_

**All Skills Wrestling Camp: \$450 (grades 6-12)**  
*Our All-around Best! For Individuals & Teams*

June 12-16    5 days    Westboro, WI    \_\_\_\_\_

**Father/Son Camp: \$650 (Grades 1-9) Camp Forest Springs**

June 9-12    4 days    Westboro, WI    \_\_\_\_\_  
July 21-24    4 days    Juneau, WI    \_\_\_\_\_

**Advanced Father/Son Camp: \$750 (grades 6-12)**

June 12-16    5 days    Westboro, WI    \_\_\_\_\_

**12-Day Advanced Training Camp: \$1,150 (grades 9-12)**

July 10-23    Juneau, WI    \_\_\_\_\_

Return this form along with \$50 non-refundable deposit to:  
Camp of Champs® . P.O. Box 222 . Watertown, WI 53094  
(Get credit for \$100 registration fee)

### 2011 CHRISTMAS REGISTRATION

**DEADLINE IS JANUARY 15, 2011 (POSTMARKED)**

#### PERSONAL DATA

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (    ) \_\_\_\_\_ Graduating Year \_\_\_\_\_

Birthdate \_\_\_\_\_ Weight \_\_\_\_\_

Email Address \_\_\_\_\_

Cabin Buddy \_\_\_\_\_ School \_\_\_\_\_

I have attended Camp of Champs before:     Yes     No

I hereby authorize the directors of CAMP OF CHAMPS® to act for me according to their best judgement in any emergency requiring medical attention.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian

		Visa/MC # _____ / _____ / _____ / _____
	Name on card _____	Exp. Date _____
<b>or call 1-800-505-5099 with Credit Card information</b>		