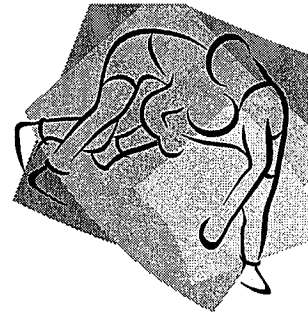


CW Wrestlers Discount



2010 All-American Wrestling Camp

Mission Statement: The All-American Wrestling Camp is designed for wrestlers of all skill levels. From beginners to elite wrestlers, this camp will improve their skills both physically and mentally under our accredited staff.

Dates	All-American Staff	Daily Schedule
<p>July 26th-29th Monday-Thursday 8 a.m. to 12 p.m. @ Governor Mifflin High School (Any wrestler from kindergarten through 9th grade is welcome)</p>	<p>Doc Vecchio Camp Director Penn State University NCAA Division 1 All-American</p> <p>Nate Wachter 2X National Prep Champion for Germantown Academy Current Head Coach at Plymouth-Whitemarsh High School</p> <p>Kevin Maier (Reading High Grad.) 1998 State Champion @ 125lbs.</p> <p>Chris Carabello 5th Place State Medal Winner District 3 215 lbs. Champion 4X Berks County Champion Current starter Ithaca College DIII National Qualifier</p> <p>Plus Mike McDermott, Corey Houser, Mike Metzger, Ralph Voit, Jarod Fisher, and Matt Huesgen!!! Top local high school wrestlers will also be clinicians at the camp.</p>	<p>Drop-Off: 7:15-8:00</p> <p>8:00-10:00 Session 1- Technique</p> <p>10:00-10:30 snack/games</p> <p>10:30-11:50 Session 2- Technique, drills, live wrestling</p> <p>11:50-12:00 Motivational Speeches</p> <p>Pick-up: 12:00-12:30 *Drop-off and Pick-up times are extended for the convenience of parents.</p>
<p>How to Enroll in A.A.W.C.? To enroll in A.A.W.C., you may pay cash or check for \$100.00. Please make checks payable to All-American Wrestling Camp. Full payment is due July 16th, 2010. Walk-ins are welcome for \$110. The cost of this camp will include the camp, snacks, and a T-shirt. C.W. Wrestlers \$80</p>		

Application Form: Please detach and mail to:
All-American Camp
2505 Goddard Ave.
Sinking Spring, PA 19608

Name _____ Address _____ City _____ Zip _____

School CONRAD WEISER Grade _____

Please Circle one: Elementary or Junior High

T-Shirt size: Youth S, M, L Adult S, M, L, XL

Parents, please read and sign: My child has permission to attend A.A.W.C. I have no knowledge of physical impairments that would affect my child's participation in the A.A.W.C. I acknowledge that at camp my child will participate in a sport that will involve physical contact of the body with other persons or objects, including the mat, where he or she may incur injury. I waive and release A.A.W.C., and its owners and staff from liability and claims for damages my child may sustain at camp as well as to and from camp. This camp is insured and will have a trainer on site everyday.

Parents or Guardian's Signature _____ Phone # _____

Insurance Company _____ Policy # _____

Please list any medical problems: _____