

**WHAT ARE YOU WAITING FOR...? LIMITED ENROLLMENT!
SIGN UP NOW...!**

A non-refundable deposit of \$125 per camper should be included with the application.

Please make checks payable to:
Revie Sorey Pro Football Camp
5246 Hohman Avenue, 5th Floor
Hammond, IN 46320

Name _____ Age (as of June) _____ Position _____
Address _____ Apt # _____ Email _____
City _____ State _____ Zip _____
Home Phone (_____) _____ Emergency Phone (_____) _____
Father's Name _____ Phone(_____) _____
Mother's Name _____ Phone(_____) _____
School _____ Roommate Preference _____

Day Camper \$325 _____ **Amount Enclosed \$** _____
Overnight Camper \$465 _____ **Amount Still Owed \$** _____
(Includes \$25 Refundable Key Deposit)

Shirt Size:
Small 34-36 _____ Medium 38-40 _____
Large 42-44 _____ XL 46-48 _____
XXL 50-52 _____

New Camper _____
Returning Camper _____ years

How you learned about the camp:
Newspaper (which one?) _____
Friend (Name) _____
Coach _____
Relative _____
Other _____

FREE autographed photo of John Gilmore if you sign up by April 1, 2008!

I hereby grant permission for _____ (the "Participant") to attend and fully participate in the Revie Sorey All Pro Football Camp (the "Camp") and I hereby release the Camp, its agents and employees from any liability therein. I am aware of no condition which would prohibit the Participant from participating in the activities of the Camp, therein. _____ has received a physical examination within the last twelve (12) months.

Signed (Parent or Guardian) _____ Date _____