

I hereby give my approval athlete named on the application is attending this camp. I also understand that each camper is responsible for his own medical insurance and expenses.

Date: _____

Parent/Guardian: _____

To be accepted in our camp, include a check payable to Steve Feeny (Camp Director). Fill in the above and return to Steve Feeny 4204 Overland Rd, Bismarck ND 58503.

REGISTRATION DUE BY JUNE 19, 2018 OR THE COST IS \$55

**REGISTRATION FORM: FEENEY/HORIZON
MIDDLE SCHOOL FOOTBALL CAMP**

Grades 3-8 June 24-26

Please Print

Camper's Name

_____ Phone

Address _____ City

_____ State _____ ZIP _____

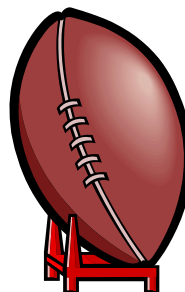
School

Grade entering in fall _____

In case of an emergency contact:

Name _____ Home Phone

_____ Work Phone _____



**TWENTY FOURTH
ANNUAL
FEENEY/HORIZON
MIDDLE SCHOOL
FOOTBALL CAMP**

2019

June 24-26, Grades 3-8

Time: 9 AM-12 NOON



Camp Directors:
Steve Feeny (CHS Assistant Coach)
Kevin Feeny (Moorhead Head Coach)

