

Dear Jr. Billiken,

As the head football coach, I would like to make you aware of the football camp we will be having for the incoming freshmen. It will be held the week of June 21-24 from 3 P.M. to 5 P.M. daily at SLUH.

The non-contact camp will concentrate on the fundamentals of football. It will also give you the opportunity to meet many of your fellow classmates. We always have a large turnout. Our freshmen coaches will also be present.

*Proper Attire: T-Shirt, shorts, football or soccer shoes

*On Monday, June 21st, registration check-in will be done by our freshman coaches. Please meet in the stadium. Try to arrive a few minutes early the first day so that we can get our registration completed and begin our instruction promptly at 3 P.M.

I hope to see you on June 21st. It should prove to be a beneficial and enjoyable week for everyone involved. **You are admitted to camp unless notified otherwise.**

Respectfully,

Gary Kornfeld
Head Football Coach

**Complete the form below (before May 1st) and return it along with a \$95.00 camp fee made out to SLUH and mail it to: Football Office
St. Louis U. High
4970 Oakland Avenue
St. Louis, MO 63110**

AFTER MAY 1st THE CAMP FEE IS \$115.00

CUT-----CUT

Name _____ T-Shirt Size _____
M, L, XL, XXL

Address _____ City/State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

I hereby request that my son or ward be admitted to the SLUH Jr. Billiken Football Camp. I will authorize the staff to act for me, according to their best judgment, in any emergency. I will hold harmless; and release the staff, the camp and St. Louis University High School from any and all liability or responsibility for damages related to injuries or the death of my son or ward. I understand that my insurance coverage is primary and any coverage provided by the Camp will be specifically on an excess basis only.

Parent/Guardian Signature _____ Date _____