

ASHLAND UNIVERSITY

CAMP PHILOSOPHY

INSURANCE & MEDICAL CARE

EQUIPMENT

CAMP FEES

CAMP LOCATION

CAMP INSTRUCTOR

FOR MORE INFORMATION, CONTACT



Player's Name: _____ Age: _____ Grade: _____ Phone: _____

School: _____ Shirt Size: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Phone: _____ Email: _____

Parent/Guardian: _____