



**St Vincent High School Proudly
Presents
Football Camp 2010
Non-contact position skills camp!
July 22, July 23, and July 24
@ St Vincent de Paul High School**

Campers Name: _____

Age: _____ Incoming grade: _____

Parent(s) name: _____

Address: _____

Email Address: _____

Home Phone: () _____

Cell Phone: () _____

Emergency Contact: _____

Phone: () _____

Camp Fees: \$100.00 (Please make checks payable to SVHS Football)

Mail form and payment to: SVHS Football, 849 Keokuk Street, Petaluma, CA, 94952

For more information, call: Joe Murphy @ 707-266-8411

I _____ give permission for my child, _____, to
be taken to and treated by a physician in case of medical emergency while attending St. Vincent High
Football Camp July 22 through July 24.

Parent/Guardian Signature

Printed Name

Date: _____