

DABO SWINNEY FOOTBALL CAMP

DABOSWINNEYFOOTBALLCAMP.COM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work _____ Cell: _____

Email Address: _____

Emergency Contact: _____

Grade Entering
Grade (FALL 2014): _____ School: _____

Football Position: _____

(Please ONLY List ONE)

CIRCLE CAMP SESSION CAMPER WISHES TO

ATTEND
YOUTH 1 (May 31 –June 1) **YOUTH 2** (June 7-8) **HIGH SCHOOL 1** (June 9-11) **HIGH SCHOOL 2** (June 13-15)

CIRCLE CAMP COMMUTER OR RESIDENT

YOUTH CAMP

\$215 RESIDENT

\$170 COMMUTER

HIGH SCHOOL

\$320 RESIDENT

\$260 COMMUTER

PAYMENT

Circle Payment Choice: Master Card Visa Discover

CC #: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

CC Billing Address _____

Check # _____ Money Order number: _____

T-Shirt Size: _____ Roommate Request: _____

Dabo Swinney Football Camp
PO Box 1585
Clemson SC 29631

Phone 864-656-1911 / 864-656-0609
Fax 864-656-7269
Email FOOTBALL-L@CLEMSON.EDU

**Gift Cards
Available**