

DABO SWINNEY FANTASY CAMP APRIL 16-18, 2010

Name: _____

Emergency Contact: _____

Address: _____

Doctor's Name: _____

City: _____

Doctor's Address: _____

State: _____ Zip: _____

Doctor's Phone #: _____

Phone: _____

Medical Insurance Co.: _____

Cell Phone: _____

Policy #: _____

Email: _____

Ins. Co. Phone #: _____

Age: _____ Height: _____ Weight: _____

Existing Medical Conditions: _____

T-Shirt Size: _____ Shorts Size: _____

Jersey Preference Number: _____

Single Occupancy \$2,000

Double Occupancy \$1,900

PAYMENT

Credit Card Payment: Amount: _____ Mastercard: _____ Visa: _____ Discover: _____

Name on Credit Card: _____

CC# _____ Expiration Date: _____

CVN (Security Code on Back of Card): _____

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

If paying by check please make check payable to "DABO's ALL IN TEAM"

Mail to: Dabo's All In Team

PO Box 1585

Clemson, SC 29631

You can also register on-line at

daboswinneyfootballcamp.com

DEPOSIT:

**\$500 reserves your roster spot,
non refundable thirty (30) days before camp.**

QUESTIONS?

Call Jennifer (864) 656-1911