

DABO SWINNEY FOOTBALL CAMP

daboswinneyfootballcamp.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone : _____ Work Phone _____ Cell Phone: _____

Fax: _____ Email Address: _____

(ENTERING)

Grade (Fall 2010): _____ School _____

(Circle Session You Wish To Attend)

Session:	Youth 1 (June 5 - 6)	Youth 2 (June 12 - 13)	High School 1 (June 9 - 11)	High School 2 (June 15 - 17)
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Circle:
Camp
Session
you are
attending

Youth Camp

High School Camp

\$195 - Resident

\$285 - Resident

\$160 - Evening Commuter

\$245 - Evening Commuter

Circle: Master Card Visa Discover

Payment Credit Card#: _____

Name on Card: _____ Expiration Date: _____

3 Digit Code _____ CC Billing Address _____

Money Order: _____ Check #: _____ Adult T-Shirt Size: _____

(Also offering Youth Large)

Emergency Contact: _____

Roommate Request _____

Mailing Address:

Dabo Swinney Football Camp
PO Box 1585
Clemson, SC 29631

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

**Gift cards
available
upon
request**