

Name _____

Address _____

City _____ Zip _____

Grade Fall 2009 _____

Phone _____

Shirt Size: (Youth Sizes)

___ Small ___ Medium

___ Large ___ X-Large

___ XX-Large ___ XXX-Large

Please list any illnesses or allergies that you child has:

Who: Grades 2nd - 8th

Location: Richmond-Burton High School Practice Field

Time: 9:30 - 12:00
Monday Through Wednesday

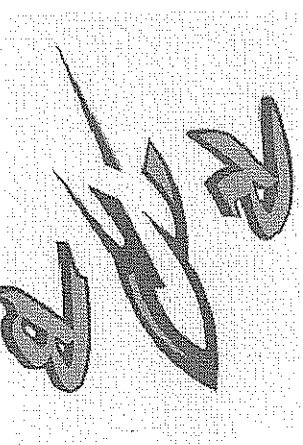
Date: July 13 - 15

Cost: \$45.00

Staff: Richmond-Burton High School Football Staff

Families with more than one camp participant need only pay \$20 for each additional camper.

School employees need only pay \$30 for campers.



Late Registration will be held on July 13th at 9:00 AM behind the high school.

Mail Registration & Make checks payable to:
Richmond Burton High School
8311 N. Rt. 31
Richmond IL, 60071

Parent/Guardian: I give permission for my child to participate in camp and give permission for my child to be treated by the appropriate medical personnel for an illness or injury. I realize that the camp is not responsible for any illnesses or injuries that may occur during camp.

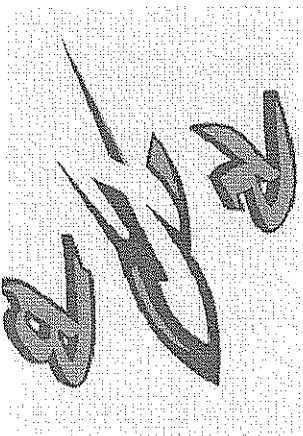
Signature of Parent/Guardian

Each Camper Will Receive:

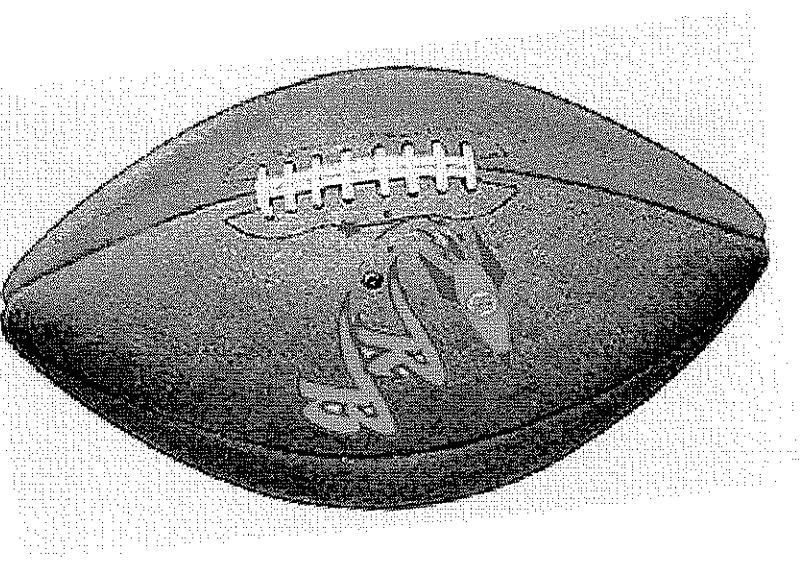
- Camp T-Shirt
- Gatorade
- Other Camp Prizes

What to bring:

- Sneakers
- Athletic Shorts
- Water Bottle



**RICHMOND-BURTON
HIGH SCHOOL
STATELINE COMET
FOOTBALL CAMP**



**JULY 13 - 15
Time 9:30 - 12:00**

Preregistration helps to assure
correct shirt size for ordering
products.