

LINCOLN CHRISTIAN FOOTBALL

SUMMER CAMP

LINCOLN CHRISTIAN FOOTBALL

NAME: _____

GRADE ENTERING IN THE FALL: _____

EMAIL: _____

PHONE: _____

T-SHIRT SIZE (PLEASE CIRCLE):

YM YL S M L XL

My signature below is acceptable for my son to participate in the Lincoln Christian Football Camp. I release the Lincoln Christian School Association and the Lincoln Christian Football Program and all the coaches of any claims, which may be presented on my part as a result of injury.

PARENT NAME(S): _____

PARENT SIGNATURE: _____

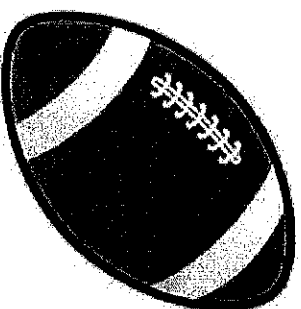
PERSON TO CONTACT IN CASE OF EMERGENCY: _____

1. _____

PHONE: _____

2. _____

PHONE: _____



ELEMENTARY

(Entering 3rd-5th)

July 15th-17th

10:00am-12:00pm

Cost: \$45

LCS Football Field

JUNIOR HIGH

(Entering 6th-8th)

July 9th-11th

5:00pm-7:00pm

Cost: \$50

LCS Football Field

QUESTIONS?

Kurt Earl

kurt.earl@lincolnchristian.org

ONLINE REGISTRATION (\$5)

<https://campuscuti.active.com/orgs/LincolnChristiansSchool?orglink=camps-registration>