

CAMP REQUEST FORM

SPORT: Football DATES OF CAMP: July 20, 21, 2015

WHO IS ELIGIBLE?

AGE/GRADE OF PARTICIPANTS: 7th & 8th GRADE

NORTON ONLY OR OTHERS: Norton only

HOW WILL THE CAMP BE ADVERTISED? Flyer
(Please attach a copy of the camp brochure/flier)

COST: 20-

COMPLETE THE FOLLOWING:

*COST BREAKDOWN PER CAMPER

T-Shirt/Jersey & Shorts	<u>12⁰⁰</u>	Instruction	_____
Refreshments	_____	Advertising	_____
Prizes	_____	Additional Costs	_____
Total	<u>12⁰⁰</u>		

*NAMES OF COACHES/INSTRUCTORS:

All Varsity & Middle School Coaches (Football)

*SALARY BREAKDOWN OF COACHES/INSTRUCTORS:

The following should be included in your camp brochure/flier:

*A SPECIFIC TIME SCHEDULE FOR EACH DAY

*OBJECTIVES

*FACILITY USE - PLACES, DATES AND TIMES

(Note: Outside groups must complete facility use form and provide liability insurance)

(Signature of Sponsor)

2/26/15
(Date)

(Signature of Athletic Director)

3/6/15
(Date)

(Signature of Building Principal)

(Date)

(Signature of Superintendent)

(Date)

7TH-8TH GRADE **PANTHER FOOTBALL CAMP**

- CAMP:** 7TH-8TH GRADE FOOTBALL
WE WOULD LIKE ALL PLAYERS IN OUR JUNIOR HIGH TO ATTEND,
UNLESS ON VACATION OR OUT OF TOWN.
CONTACT PERSON: COACH TANKSLEY - 330-417-4057
- COACHES:** THIS CAMP WILL BE CONDUCTED BY COACH TANKSLEY, VARSITY
COACHES AND JUNIOR HIGH COACHES.
- DATES & TIMES:** MONDAY, TUESDAY
JULY 20, 21 WITH VARSITY & MIDDLE SCHOOL COACHES
6:00-8:00 PM

THE FOLLOWING MONDAYS AS WELL
JUNE 9, 16, 23 JULY 7, 14
WITH MIDDLE SCHOOL COACHES
6:00-8:00 PM
- WHERE:** BEHIND THE MIDDLE SCHOOL AT PRACTICE FACILITY
- FUNDAMENTALS:** THESE PRACTICES WILL BE RUN LIKE A VARSITY
PRACTICE. THIS IS YOUR OPPORTUNITY TO GET
A HUGE JUMP ON TECHNIQUE AND FUNDAMENTALS
WITH THE VARSITY COACHES.
- COST:** \$20.00 EACH CAMPER RECEIVES CAMP T-SHIRT PLEASE MAKE
CHECKS PAYABLE TO NORTON CITY SCHOOLS. YOU CAN MAIL
YOUR PAYMENT TO:

COACH TANKSLEY
4128 CLEVELAND-MASSILLON ROAD
NORTON, OHIO 44203

OR YOU CAN TAKE YOUR PAYMENT TO ANY MONDAY
CONDITIONING PRACTICES IN THE MONTH OF JUNE
- Attached:** Emergency Medical Card to be filled out for camp. They will be
forwarded to middle school coaches to use for the season.

Emergency Procedure Card
Norton City Schools

Students Name _____
Last First MI Shirt Size

Home Address _____
& Street City Zip Code

Phone _____ Grade _____

PARENT / GAURDIAN INFORMATON

Name _____ Relation to student _____

Place of Business _____ Has Legal Custody yes _____ no _____

Home Phone _____ Work Phone _____ Cell _____

Name _____ Relation to student _____

Place of Business _____ Has Legal Custody yes _____ no _____

Home Phone _____ Work Phone _____ Cell _____

If mother/father separated, is there a problem having student contact other parent?
Yes _____ No _____

List two neighbors or relatives who will assume temporary care of your student if you cannot be reached. Any adult name listed may remove student from school.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Preferred Hospital _____

In case of accident or serious illness I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Local Physician Name _____

Address _____ Phone _____

Allergies _____

Local Dentists Name _____ Phone _____

Signature of Parent or Guardian: _____ Date _____



** Request for Fundraiser**



NORTON CITY SCHOOLS

SALES PROJECT POTENTIAL/FUNDRAISER APPROVAL FORM

Organization: Football (Varsity)
 (Ex: Class of 2012, Girls Basketball, Spirit Club, etc.)

Beginning Date: 7/20/15 Ending Date: 7/21/15

Proposed Sales Project: Middle School Camp

Profits will be used to: Purchase Equip & T-shirts.

Vendor to be used: _____

Address: _____

Approx. Quantity to be ordered: _____ Approx. Cost per unit: \$ _____

Proposed Sale Price per unit: \$ 20.00/camper

Requested By: John Tanksley Advisor Signature: [Signature]
 Advisor Name (please print) Date: 2/26/15

Approved: [Signature] 3/1/15
 Principal Signature Date Superintendent Signature Date

****If this fundraiser request involves the purchasing or ordering of products, a requisition MUST be created and a Purchase Order issued PRIOR to the beginning of the sale. ***Failure to do so will cause you to be held personally responsible for payment.*****

Purchase Order # _____



REMINDER: Is this Fundraiser on your Current Goal & Purpose Statement? Y/N

****THIS SECTION TO BE COMPLETED AT CONCLUSION OF FUNDRAISER****

Total to be accounted for:

Qty Sold: _____	x Sale Price per unit \$ _____	=	\$ _____
Qty Purchased _____	x Cost per Unit _____	=	\$ _____
Profit (Loss)			\$ _____

*****When you receive an invoice from the vendor, please okay for payment and forward to the Treasurer's Office. Retain a copy for your records.**

Advisor Signature _____ Date _____ Principal Initial _____ Date _____