CAMP REQUEST FORM DATES OF CAMP: WHO IS ELIGIBLE? AGE/GRADE OF PARTICIPANTS: - las thru Lth NORTON ONLY OR OTHERS: HOW WILL THE CAMP BE ADVERTISED? (Please attach a copy of the camp brochure/flier) COST: COMPLETE THE FOLLOWING: *COST BREAKDOWN PER CAMPER T-Shirt/Jersey Instruction Refreshments Advertising Additional Costs Prizes Total *NAMES OF COACHES/INSTRUCTORS: *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) (Date) (Signature of Athletic Director) (Date) (Signature of Building Principal)

(Date)

(Signature of Superintendent)

PANTHER YOUTH FOOTBALL CAMP

CAMP:

Panther Football Camp for any youth grades 1-6.

Dates & Time:

Wednesday-Thursday July 22 - 6:00-8:00pm July 23 - 6:00-8:00pm

Where

Behind Middle School at Youth Practice field

Equipment:

T-shirt, shorts, and any type of shoes.

Fundimentals:

This camp will stress the following Fundamentals:

1. Rules of the Game

2. Safe and proper tackling

3. Proper Blocking Technique stressing the feet and hands, alignment and

4. They will Learn and know our main play at the varsity level

5. ALL Defensive Positions and Techniques.

6. ALL Offensive Positions and Techniques.

7. The basic fundamentals of the kicking game.

8. Play Our Air Attack Passing Game

9. Receive a Panther Camp T-shirt:

Cost:

\$20.00 Early Registration (deadline 7-18-14)

\$25.00 Late Registration due the first day of camp.

For early registration: Make check out to Norton High School Mail Check to:

Coach John Tanksley

4128 Cleveland-Massillon Road

Norton, Ohio 44203

Or Stop in and see me at the High School Weight Room on Mon., Tues., Wed., Thurs. from 8-noon.

I will also take registrations at the Youth Sign Up Day

This camp is a great opportunity to get prepared for youth football. It is also a great opportunity to be coached by the Varsity Football Players and some of the Varsity Coaches.

Attached

Emergency Medical Card to be filled out for camp. After camp days we will

return them to you.

Emergency Procedure Card Norton City Schools

Students Name					
Last	Ţ.	First	MI		
Home Address	Street	-	City	Zip Code	
			-		
Phone			Grade	_	
	PARENT / GAURDIA	AN INFORM	ATON		
Name	me		Relation to student		
Place of Business		Has	Legal Custody yes	s no	
Home Phone	Work Phone	5.00	Cell		
Name		Relation to student			
Place of Business	Many July 2	Has Legal Custody yes no			
Home Phone	Work Phone	Cell			
	parated, is there a problem Notives who will assume tent listed may remove studen	mporary care	of your student if		
Name	Relati	onship	Phone_		
Name	Relati	onship	Phone_		
Preferred Hospital					
In case of accident or serior reach me, I hereby author instructions. If it is impossarrangements seem necess	ize the school to call physisible to contact this physisary.	sician indicate sician, the sch	ed below and to fo ool may make wh	ollow his/her natever	
Local Physician Name					
Address		Phone			
Alergies					
Local Dentists Name		Phone			
Signature of Parent or Gu	ardian:	Date			

Camp Day

TIME	PRACTICE SCHEDULE	COMMENTS
6:00	Meeting	
6:10	Lines Stretch	
6:20	Indy "O"	Backs-Footwork and ball skills4 Line-Steps QB's-Warm up and then Throw Receivers-Teach Routes
6:40	Indy "D"	DB's LB's Line
7:00	1 on 1 and 2 on 2	Routes and Coverages
	Line Competition	Line Competition One On One to get to bag behind the O Bag Toss- Farthest Toss Rush Skill
7:25	Condition	
7:35	Rag Tag	
7:55	Conclusion	



** Request for Fundraiser**



NORTON CITY SCHOOLS

SALES PROJECT POTENTIAL/FUNDRAISER APPROVAL FORM				
Organization: Football (VARITY)				
(Ex: Class of 2012, Girls Basketball, Spirit Club, etc.)				
Beginning Date: 7/22/15 Proposed Sales Project: Youth Football Comp Profits will be used to: Puchase agripment & T-shits				
Proposed Sales Project: Youth Football Comp				
Profits will be used to: Puchase sympment & T- shuts				
Vendor to be used:				
Address:				
Approx. Quantity to be ordered: Approx. Cost per unit: \$				
Proposed Sale Price per unit: \$ 20 pen Camper				
Requested By: John Tanksley Advisor Signature Rally				
Advisor Name (please print) Date: 2/2/2/15				
Approved: Sylvall 31/15				
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 <u>PRIOR</u> 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 Principal Initial				
Date Date				